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COURSE OF LECTURES
ON
DISEASES OF THE SKIN;
THEIR
HISTORY, PATHOLOGY, AND TREATMENT.

Delivered in the Middlesex Hospital, during the Summer Session, 1842, *by*

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Lecture V.

Gentlemen,—In preceding lectures I have assumed the necessity of founding a true pathology and classification solely on structure. The correctness of such a basis will not, I think, be questioned; and the latter would doubtless long since have been followed had not difficulties lain in the way of possessing the information necessary for arriving at so desirable an end. Those difficulties can no longer be said truly to exist; modern investigation, by the several paths of pathology, physiology, and microscopic research, has disclosed to us so much of the structure of the skin as will enable us to establish a definite classification, and comprehend much of the pathology of cutaneous disease. In the latter department, however, much remains yet to be done, and our search cannot but be facilitated by a correct knowledge of healthful structure and function.

The importance of a knowledge of structure, so long as, by that term, we imply indisputable structure, cannot be too strongly maintained. Nor, indeed, would the assertion need further illustration, were it not for the fact, that under the title of structure of the skin, much has been described which has no other existence, save in the imagination or misconceptions of the writer. We saw an instance of the inconvenience arising out of the profession of ideal structure at our last meeting, wherein a gentleman, founding a part of his classification on the views of structure entertained by Breschet, announces a group of diseases "having their seat in the organs which secrete the epidermis;" in other words, in the hypothetical blennogenous apparatus of the anatomist in question. Now, however, it is well known that no such apparatus exists, and an ideal structural basis becomes the means of destroying our faith in the entire superstructure. I may adduce, as another instance of the adoption of an erroneous structure, the *dermato-pathologia*, or *arterio-muscular pathology* of Jackson. This author is strongly impressed with the advantage of founding his system on structure, and with this view proceeds to lay down certain corollaries. He is strongly opposed to the opinions of the humoralists, and even in admitting an acrimony or impurity in the fluids, asserts that this acrimony acts merely as an irritant to the solids. For his anatomical data in support of his theory, he assumes that "the muscular fibres constitute a very great part of the whole of the solids of the human body, and are endowed with irritability;" and, again, that "the arterious portion of the vascular system is most numerously furnished with muscular fibres, which increase in proportion as the vessels become smaller, so that the structure of the extreme arteries is at last principally, if not entirely, muscular." The Americans are in the habit of employing a figure which very happily designates this marvellous appropriation of God's works to the propping up of a human theory, but in the mother tongue we shall be at a loss to find words to express our wonder.

With these prefatory remarks, Gentlemen, I shall proceed to furnish you with a brief description of the anatomy and physiology of the skin, in order that we may understand and appreciate the changes produced in that structure by disease.

The skin is that portion of the general investing membrane of the system which covers the exterior of the body, and is continuous at the various apertures with the internal skin or mucous membrane. It is wonderfully and beautifully organised for the multiple offices which it has to perform; it is soft and yielding, that it may be the better able to accommodate itself to the numberless movements of the body, and resist the shock of external impulse; it is sensitive,

that it may be enabled to distinguish between agreeable and injurious impressions; and at the same time that it is a most efficient means of protection to the parts within, it is the medium of communication with the world without. In certain of its parts it offers considerable density of texture, being modified as an organ of defence; while in others it is a means of communicating warmth. The skin is composed essentially of two layers, of different structure, and having different properties; these are the *dermis*, a sensitive layer; and the *epidermis*, an insensitive layer.

The dermis, or cutis, presents some difference in its texture which have given rise to its division into two layers, a deeper layer which is dense, and bestows firmness and resistance on the skin, termed the *corium;* and a superficial layer, which is soft and velvety, and raised into numberless minute papillæ, the *papillary layer*. The dermis has entering into its composition a variety of tissues; as, for example, areolo-fibrous tissue, elastic fibrous tissue, red contractile fibrous tissue, blood-vessels, lymphatic vessels, and nerves.

The epidermis, or cuticle, like the dermis, offers a degree of difference in the density of its texture, according as it is examined on its superficial or on its deep aspect. The former is hard and horny, and is well calculated by its density and insensibility to resist the influence of injurious agencies. The latter, on the contrary, is soft, and admirably adapted to the purpose of supporting the cutaneous papillæ, defending them from pressure, and consequently of assisting them in the performance of their functions. To this latter layer, which has been considered by some to be a distinct membrane, and was first particularly described by Malpighi, the terms rete mucosum, expressive of its softness, and rete Malpighianum, indicative of its describer, have been applied.

In addition to the dermis and epidermis, we find entering into the structure of the skin, glandular organs for the secretion of the perspiratory fluid, the sudoriparous glands; others for the production of the sebaceous substance, sebaceous glands; and organs for the production of the hairs, the hair-follicles.

The DERMIS offers considerable variety in thickness on different parts of the cutaneous surface; while a difference in relative thickness is also manifested in different portions of its extent. Thus, on the more exposed regions of the body, as upon the dorsal region of the trunk, the back and outer sides of the arms, the front and outer sides of the lower limbs, the palms of the hands and soles of the feet, the dermis is thick; while in other situations, and particularly on the inner sides of the limbs, it is thin. On the eyelids, the penis, and the scrotum, the dermis is peculiarly delicate. The thickness of the papillary layer of the dermis holds an intimate relation with the sensibility of the region in which it is examined, and also with the thickness of the epidermis. Thus, on the pulps of the fingers and toes, which are organised for the sense of touch, the papillæ are largely developed and abundant, as they are again on the palms and soles, where the epidermis is required to possess unusual thickness; while, on the general surface, where the sensibility is obtuse and the epidermis thin, the papillæ are in the same proportion rare and minute.

The areolo-fibrous tissue of the dermis is composed of fibres of two kinds, the proper fibre of areolar tissue, of minute size, undulating and cylindrical in its form, and the polyhedral yellowish fibre of elastic tissue. These two kinds of fibre differ from each other, not only in physical but also in chemical properties; the former by giving forth a large quantity of gelatine on boiling, and the latter none. The fibres of areolar tissue are very closely enlaced in the upper stratum of the corium, and constitute a firm and equable support to the papillæ which rise from its surface; more deeply the meshes between the bands and cords are increased in size, and serve as protective passages for the cutaneous vessels and nerves to the papillary layer; and more deeply still the separations are augmented to so great an extent as to form a transition texture between the denser tissue of the dermis and the loose web of the subcutaneous tissue. The areæ left by the interlacements of the fibrous bands and cords of the inferior stratum of the dermis, present a certain degree of uniformity in point of size, and are occupied not only by the cutaneous vessels and nerves, but also by adipose tissue in considerable quantity. The yellow elastic fibres are situated almost exclusively in the upper strata of the corium; they are found singly or in slender fasciculi, ramifying through its texture, and forming, by their frequent communications, an open web.

The contractile fibrous tissue of the dermis consists of cylindrical fibres, having a reddish hue, somewhat transparent aspect, and a larger diameter than the ultimate fibres of areolar tissue. In certain parts of the skin these fibres are collected in so great number as to form a layer of moderate thickness. This is the case in the scrotum, where they constitute the dartos, and again in the skin of the nipple. In both these situations the contractile fibres are the organs by which the motions of the parts are effected. In the rest of the skin contractile fibres are less easily discoverable, but they undoubtedly exist. In certain animals they have been distinctly seen to form a web around the follicles of the hairs and sebaceous glands; in the latter situation serving as a motor impulse to the course of the sebaceous secretion, and in the former producing an erec-

tion of the hairs, such as occurs under the influence of fright, of rage, &c. It is to these fibres that we must ascribe the production of that particular state of the skin termed cutis anserina, or goose-skin, resulting from the influence of cold or alarm; a state which has been long supposed to depend on some kind of spasm existing in the tegument, spasmus peripherieus. The morbid sensation called horripilation, may be in part due to the conveyance of an impression of the action of these fibres, by means of the cutaneous nerves, to the sensorium.

Besides the tissues which I have now described as entering into the structure of the corium, Mr. Bowman has recently discovered organic muscular fibres in the dartos. These, he remarks, are at once known by the number of corpuscles or cell-nuclei by which they are loaded. The same kind of fibres very probably exist in the contractile tissue of the nipple, and may possibly be discovered at some future period in the rest of the skin.

The *papillary layer* of the dermis, or corpus papillare, is a highly vascular and nervous structure, constituting the superficial surface of the dermis, and formed into numberless minute conical projections or papillæ, which cover every part of its surface. These are the organs by means of which the functions of the dermis are especially performed; they are the apparatus by which the epidermis is produced, and the medium by which the sensibility of the skin is manifested. On the greater part of the skin, as upon the trunk of the body and limbs, the papillæ are scattered at short distances, and without any definite arrangement; but in other situations, as on the palmar surface of the hands and fingers, and on the plantar aspect of the feet, they are disposed in rows; these rows, by their prominence, give rise to the appearance of ridges separated by furrows, which is so conspicuous on the hands and feet. The ridges are seen to be intersected at short distances by transverse furrows, and these latter correspond with the point of perforation of the sudoriparous ducts in their course towards the surface of the epidermis. The transverse furrows, moreover, divide the ridges into small quadrilateral clumps, each being composed of from ten to twenty papillæ. The papillæ composing these little clumps are for the most part of uniform size and length, but every here and there I have observed that one of the papillæ is nearly one-half longer than the rest. On the palmar aspect of the hands, and on the corresponding surface of the feet, the papillæ are, as I have before had occasion to remark, very considerably larger than on the general surface of the skin; the cause of this difference being the augmentation of function, both secretion and sensibility, in the former situations. The papillæ which produce the nail are on this account of remarkable size in comparison with those of the rest of the cutaneous surface; those which are placed beneath the nail being thin and lamellar, and those which secrete the root of the nail being elongated and filiform. Each papilla, considered separately, is composed of the convolution of a capillary and of a nervous loop, the integrity of the organ being maintained by a connecting medium of soft cellulo-areolar tissue.

The *blood-vessels* which supply the dermis reach the papillary layer by passing through the interstices left in the deeper strata of the corium by the interlacement of its fibrous tissue. They are protected in their course to the surface by the soft cushion of adipose tissue which surrounds them, and which serves at the same time as a similar defence to the cutaneous nerves. In these dermic canals the small arteries divide and subdivide, to constitute in the uppermost strata of the corium a rich capillary network. The capillary plexus of the skin is the basial layer of the corpus papillare, extending into the depths of the corium, where it constitutes the parietal boundary of the sudoriparous and sebaceous canals, and of the hair-follicles, and throwing off loops at right angles to its plane to form the numerous papillæ which clothe its surface. The efferent capillaries unite to form minute veins, which return to the centres of the venous system in the same canals with the arteries and nerves.

The *lymphatic vessels* commence in the tissue of the dermis by a plexus which very probably forms an interlacement with the capillary and nervous plexuses. Absorption in the papillæ is performed by endosmosis, and lymphatic vessels in them are neither wanted nor do they exist. It is imagined by some anatomists that these lymphatic plexuses commence in the cells of the areolar tissue. This opinion is founded upon the coarse but successful method which is commonly adopted for injecting these vessels. The process is as follows:—A small opening is made in the skin; into this opening the pipe of the injecting apparatus is inserted, the valve is opened, and a column of mercury several feet in height bears down into the tissue of the dermis. By force of disruption the mercury makes its way into the areolar tissue for some distance around the opening, and from the latter bursts into the lymphatic plexus, and thence passes freely into the lymphatic vessels. But this occurrence cannot surely be offered as an argument in favour of the origin of the lymphatic vessels in the areolar tissue of the body.

The *nerves* of the skin reach the superficial strata of the dermis in the same way with the arteries; in the dermic canals they separate into minute fasciculi, and these latter subsequently divide into primitive fibres, which enlace with the capillary plexus, and form loops in the papillæ. In the least sen-

sitive parts of the skin these loops are simple, being more or less acutely bent, according to the form of the papilla. In the sensitive parts, on the other hand, the nervous fibril is more or less convoluted in the papilla before it returns upon itself, offering in this manner a larger surface of nervous extension.

The EPIDERMIS, which is known by the additional designations cuticle and scarf-skin, is a production of the dermis intended for the defence and protection of the corpus papillare. It is an insensible and extra-vascular membrane, liable, from its position, to continual destruction by attrition, and constantly undergoing reproduction by secretion from the structure on which it rests. The external surface of the epidermis is smooth, dry, and polished, exfoliating by the detachment of minute scales; the inner surface is soft and perforated by numerous minute depressions which correspond with and lodge the papillæ of the dermis. In the epidermis from the palms and soles this disposition is remarkable, the furrows of the superficial surface being represented by ridges on the deep, and *vice versâ*. The seat of the apertures of the sudoriferous ducts is indicated by conical processes, which are traversed by the spiral excretory canals. The epidermis presents a remarkable difference of density when examined on its opposite surfaces; the internal surface is soft, from being the last produced, and containing a larger proportion of fluid matter; while the external surface is hard from evaporation and consequent condensation. Between these extremes the gradation of condensation, or softness, is gradual from the one surface to the other. The softer and most deeply seated layer of the epidermis is distinguished from the rest by the designation rete mucosum, and was considered by Malpighi as a distinct membrane. Even at the present day this portion of the epidermis is regarded by some anatomists as an independent formation, and has obtained the undeserved credit of possessing a circulation and apparatus of vessels of its own.

The so-called rete mucosum may, by a little dexterity of manipulation, be separated from the denser strata of epidermis, and exhibited as a distinct layer, but the line of separation must be different in every subject examined, and even in the same portion of skin it will be thick in one place, by encroaching more upon the denser layers, and thin in another. When placed beneath the microscope, the rete mucosum is found to be a continuous and homogeneous layer, representing an accurate model of the papillary surface from which it is removed, every papilla having its distinct finger-of-a-glove-like concavity in the soft epidermis. That portion of the rete mucosum which covers the summits of the papillæ is considerably thinner than that which occupies the hollows between their bases; hence, when examined by transmitted light, the bright and transparent sheaths of the papillæ, contrasting with the dark ridges between, give rise to the appearance of a network, from which the layer has taken its name. The adjectival designation of this structure is equally incorrect in its application, and is due to the period when the examination is made. If a portion of skin be scalded and the epidermis removed, the rete mucosum will be found to be firm, and will present an exceedingly beautiful reverse of the papillary layer; some degree of this firmness, it is true, is the consequence of coagulation by heat of the albumen of the newly-deposited substance; but if it were possible to effect the same in the living skin, in a sound individual, the density of the structure would be found very nearly if not entirely equal to that which obtains in the experiment I have just cited, I am assured of this fact by having observed the effect of abrasions of the skin in injuries, and having seen several instances in which the rete mucosum was exposed, and in a fitting condition to be examined with advantage. But if the investigation of this structure be left, as is usually the case, until decomposition has not only commenced, but advanced in its course; until the fluids of the body have transuded by endosmosis the cutaneous tissues, and have collected on the surface of the dermis, the rete mucosum will then be found pulpy and diffluent, and comparable to nothing so closely as *mucus*. The same remark applies to the effects produced by a blister on the epidermis; the rete mucosum in this case, as in the preceding, is destroyed. The thin semi-transparent layer seen upon the papillary surface after the removal of the epidermis is not, as has been supposed, the rete separated from the epidermis, but simply a layer of plastic lymph, containing the formative elements out of which a new rete mucosum and epidermis are ready to be, and in process of being, fashioned.

Besides the markings on the epidermis which are referrible to the papillæ, and are coexistent with the formation of this membrane, there are others which are due to the movements of the skin by its contractile apparatus, and to the movements of the entire body by its muscular system. These markings are everywhere present, but are most conspicuous on the concavities and convexities of joints. They everywhere give rise to the appearance of small polygonal allotments of surface, of various size and form, and serve to modify very materially the aspect of those diseases which are characterised by morbid alteration of the epidermis. Upon those parts of the surface where no movements by joints occur, the determining cause of the form of the allotments is the hairs, which, deeply enrooted in the cutaneous tissue, fix the skin from point to

point, and establish the position of the furrows. On those parts, however, moved and thrown into folds by the joints, the allotments correspond with the nature of the folds produced; thus, upon the convexities of the elbows, the areæ are irregularly quadrangular, while upon the opposite aspect of the same joint they are elliptical.

The epidermis is pierced by a number of apertures, which are found on every part of the surface of the body; they are the openings of the sudoriferous ducts, and of the hair-follicles and sebaceous glands. Through these apertures the secretions of the skin are poured out upon the surface, and the hairs escape from their deeper seat. It is also through these apertures especially, the pores of the skin, that gases and fluids and medicinal agents traverse the epidermis, to be absorbed by the deeper textures.

At our next meeting, Gentlemen, I shall direct your attention to the growth and mode of reproduction of the epidermis.

VALUABLE INQUIRIES
IN AID OF OUR
KNOWLEDGE OF PHTHISIS.

Dr. Briquet, of the Hôpital Cochin, in Paris, has made some statistical researches into the hereditary constitution, the mode of rearing, and the means of living, &c., of a number of patients admitted to that hospital attacked by pulmonary phthisis; the results of which researches (made known in the "Archives Generales" for October, 1842), though differing in some respects from those obtained by the inquiries of other practitioners, may aid us materially in acquiring an accurate knowledge of the various predisposing causes of this disease, and their relative influence in its production:—

Of 609 individuals who had died in the hospital throughout the years 1838, 1839, and 1840, 182 had succumbed under phthisis, of whom 91 were males and 91 females; while 427 (204 male and 223 female) died of other diseases. It would appear, therefore, that taking into account the whole number of individuals dying in the hospital, the mortality from phthisis was about one-tenth greater among males than females.

Of 98 phthisical patients, 30 were descended from parents who had suffered with the same disease; and out of 88, 47 had been brought up in towns (24 in Paris) and 41 in the country,—hereditary predisposition having been as frequent among the latter as the former.

Twenty-four patients were tall, large built, and corpulent, 9 tall and slender, 15 diminutive and meagre; the rest were of medium height and make. Thirty-three were naturally of a robust, and 21 of a feeble constitution; and the rest were of intermediate vigour.

As to temperament, some curious particulars were remarked. Out of 65 males, 29 were dark complexioned, with dark hair; and 36 were fair, 4 of whom had white, 4 yellow or reddish, and the remainder chesnut-coloured hair. Of 37 females, 8 had dark hair and complexion, and 29 were fair, nearly all having hair of a chesnut hue. Out of 75 male patients not attacked with phthisis, 29 had both the hair and skin dark, and 46 were of a fair complexion, 12 having light, and the rest chesnut-coloured hair; while of 50 females, also not phthisical, 26 had dark skin and hair, and 24 a fair complexion, 2 having yellowish, 4 white, and 18 chesnut-coloured hair.

In 63 out of 70 patients, the extremities of the fingers were more or less abnormally developed, or the nails curved (*scutiformes*).

In 85 cases the conformation of the thorax was particularly noticed: in 37 it was well formed; in 48 altered more or less from its natural shape.

Out of 94 patients, 31 were little subject to catarrhs, while the remainder were more or less liable to take cold readily, and 9 had been accustomed to a cough from infancy. Those born of phthisical parents seemed not to be more liable to take cold than others. Of 37, 15 were particularly apt to suffer discomfort from a cold atmosphere; but here again, those of phthisical descent were not more liable than the rest.

As to the age at which phthisis usually makes itself manifest,—in three-fifths of the cases, it is, according to M. Briquet, between the ages of 20 and 35 years; and in most of the remaining cases, between 35 and 50 years of age. The mean age at which the patients descended from parents subject to phthisis were first attacked M. Briquet found to be 27; while in those in which the disease was not proved to be hereditary, 31 years of age was the mean of its first appearance. The distinction of sex appeared to make no difference in this particular.

Of 98 cases, 30 supervened during December, January, and February; 24 in March, April, and May; 23 in June, July, and August; and 21 in September, October, and November.

SPINAL IRRITATION.

This disease, so common, and the cause of so many distressing symptoms, is supposed by Dr. Stilling, of Cassel, to be dependent on congestion in the capillaries of the spinal chord. He remarks, also, that wherever there is sanguineous congestion there is an exudation of serum through the parietes of the blood-vessels, which softens the surrounding structures; so that in post-mortem examinations of persons who have died with the above disease the spinal cord has been found in all stages of ramollissement.

LIEBIG,

HIS CHEMISTRY AND REVIEWERS.

BY

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No. II.

In my first paper (p. 230) an abstract is given of some of the more general laws of the vital force, as propounded by Professor Liebig.

These are sufficient to show that no greater misrepresentation can be made than that which attributes to him a reference of all which passes in the living system to chemical forces. There is no originality in explaining the phenomena of living beings by a vital force. Thus, Müller and others, have their "organic force." But

The Laws of the Vital Force, as conceived by Liebig, differ totally from those of other Physiologists,

and should those of Liebig be generally adopted, they must put an entirely new face upon physiology, as well as upon theoretical medicine; and if their basis be truth, they must reveal, with the greatest certainty, new principles of practice.

We find Müller recognising the fact, that the organic force is increased during the organisation of new matter; but how totally different his views are as compared with those of Liebig, is well illustrated in the passage which closely follows the enunciation of that fact. "Whether, during life," says Müller, "the organic force, as well as the organic matter, is constantly suffering destruction, is quite unknown."* Again, the prominent idea of life in the minds of other physiologists is "change," whereas Liebig refers the changes which occur in microscopical vital processes, for the most part, to chemical forces. The vital force is exhibited pre-eminently in resistance,—static equilibrium.

Being in possession of the laws which govern the vital force and form the foundation of the author's superstructure, we are the better prepared to examine his labours in detail, but before we can enter upon such an examination with advantage we must survey generally some of the more important questions which the work embraces.

Naturalists have ever met with great difficulties in drawing a

Line of Demarcation between Animals and Vegetables,

but hitherto they have referred very cursorily to the chemico-vital grounds of distinction. The most profound view that has ever been taken of the latter is contained in Liebig's writings.

In animals and vegetables the same vital force is in operation. Assimilation being produced by the same cause and proceeding in the same way in both; but the conditions necessary for animal and vegetable nutrition are essentially different. Plants are nourished on inorganic matter only. Animals require for their development substances which must have been previously generated by the vital force—by organic beings possessed of life. The growth of plants is attended with the elimination of oxygen, which separates from the other component parts of their nourishment; while* the growth and reproduction of animals is attended with the continual absorption of oxygen, and its union with those elements which have formed the components parts of the living tissues. But the distinguishing characteristic of vegetable life is the uninterrupted passage of matter from a state of motion to that of static equilibrium. With the assimilation of its food a fresh momentum of force is added to the previously existing momentum. Plants being dependent upon external influences for those motions which are essential to nutrition, and having no organs for conveying away their vital force in the shape of mechanical motion, the vital force must be expended in growth. The capacity of increase in the mass is accordingly almost unlimited; while a plant lives no cessation of growth can be perceived. In animals, on the contrary, the force expended in growth and resistance to external agencies is limited, the superabundant vital force being destined for the production of mechanical motion; and animals produce within themselves the motions which are indispensable to the vital processes.

The force and direction of the vital energy of a part of a living plant is due to the absence of a nervous apparatus, and of all means by which its vital force can be conducted away. So that a plant is possessed of a power sufficient to overcome the strongest chemical attractions. The force required for the conversion of the fibrin of the blood into muscular tissue in an animal is as nothing compared to that expended in the decomposition of carbonic acid by the leaf of a plant, and the conversion of the elements of that acid into nourishment.* The assimilation of fibrin is only a change of form, and it might even be supposed that this change takes place without any expenditure of available force. In the animal, on the other hand, this same vital force is converted into a moving power. Thus, the most essential chemical difference is observable between animals and plants in the primary effects of

* Physiology, translated by Baly, p. 39.

* Liebig's Chemistry of Agriculture, p. 24.

the vital force upon external agencies. I avoid any further comment upon this interesting part of the subject until our author's opinions are more fully before us.

From that which has already been explained respecting the vital force the following distinction, although not drawn by Liebig himself, will be easily understood. *Organic chemistry*, purely considered, and the *chemistry of organic life*, are *two different things*.

In the processes of growth and reproduction (limiting our inquiries at present to animals, and adopting the views of Liebig and his school), the materials of the food pass from a state of motion to a state of rest, or static equilibrium, under the influence of the vital force. Owing to the expenditure of the latter in muscular and mechanical motion the equilibrium becomes disturbed in the extreme textures, and the elements are again subjected to chemical forces—are again put into motion. This change from motion to rest, and from rest to motion, is in continual play so long as life lasts.

Organic chemistry, purely considered, embraces the investigation of the nature of this said food; of the changes which it undergoes in digestion; and of its conversion into chyle and blood. It inquires into the materials which constitute blood, and into the decomposition, if not the formation of that fluid; into the uses of many of the secretions, and the nature of the excretions. Animal heat is amenable to it, as also the action of foreign agents, whether medicines or poisons, upon the non-vital fluids during life, however such agents may happen to be introduced into the economy.

The Chemistry of Organic Life,

on the other hand, embraces the investigation of the influence of the blood, viewed as a chemical compound, upon the vital properties of the tissues, including the nature of the formative and nutritive processes, and the composition of the living structures. It considers the conversion of the constituents of food and blood into muscle, membrane, nervous matter, &c., under the influence of the living force; also the metamorphoses of organs and tissues; the action of foreign agents, as of poisons and medicines, upon the vital transformations, and the resulting effects upon the vital force itself. The chemistry of organic life embraces, in fact, all the changes of arrangement in the elements of matter produced by the vital force, and the reciprocal influence of the chemical forces with which matter is endowed upon the elements of the vital tissues.

This distinction flows naturally from a consideration of Liebig's late works, and of the present state of the subject of them. The chemists of this country are more especially *organic chemists*. Liebig and his school have ventured on the threshold of the *chemistry of life*. At the same time, it is no easy matter to determine where, in the living economy, the one ends and the other begins. If the two forces be distinct, there must exist a line of demarcation, but until we are yet farther advanced in the science each individual will be apt to draw that line in a different parallel. Liebig, in the work before us, appears to consider, for instance, that the blood is a chemical fluid; others have urged strong reasons for the belief, that as in minute structure, so in the blood, the vital and chemical forces are equally in play; and in the author's "Chemistry of Agriculture" he assigns vital properties to the blood or some of its constituents, although the vital force is here so feebly exerted that it is overcome by the slightest action of a chemical agent (p. 378). I shall return to this subject; in the meantime it is necessary to bear in mind the distinction which has been drawn.

Animal life is sustained by nourishment, and requires for its support highly azotised atoms. But one principle feature in Liebig's last work is to prove that

The Diet of Man

consists of two essential parts, subserving totally different purposes in his economy. The one part being composed of materials capable of assimilation to his various organs and tissues, and containing a peculiar principle essential to his existence, now well known to chemis ts as proteine; these are the nitrogenised principles of his food, and are called "plastic elements of nutrition." the other part being composed of elements employed continually for purposes other than the nutrition of the tissues, but equally essential to the continuance of life, of which the support of respiration and the production of heat are among the most obvious and important; these are the non-nitrogenised elements of his food, and are called "elements of respiration."

The plastic elements of nutrition are alone the subjects of the vital chemistry, of the combined or opposing manifestations of the vital and chemical forces. Out of them come vital force and mechanical motion. The elements of respiration are subject to the laws of chemistry alone. All the changes they undergo, even in the living system, their combination with the blood, their combustion, out of which comes animal heat, belong to organic chemistry purely considered.

If the supply of nutriment be the first condition of animal life, the absorption of oxygen is the second. This oxygen is conveyed by the arterial blood to all parts of the body. A small portion, probably, plays a part in the chemistry of life, by contributing to the growth of the body in extreme texture, inasmuch as that the plastic elements of nutrition become more highly

oxidised in passing into the form of some of the tissues. But the proportion expended in this way to that absorbed must be very small indeed, and it is by no means certain that the oxygen derived by these tissues may not be furnished by water. A far greater portion of the oxygen respired combines with those elements of the tissues which are separated as effete, dead, or useless. It produces, by its union with these, the act of transformation, called the change of matter. Thus it acts upon the living tissue when the vital force is expended. Living particles are first brought into a state of equilibrium with particles endowed with chemical powers, and ultimately the chemical power of the particles, and in particular that of the oxygen, prevails. In fact, oxygen is absolutely essential for the disturbance of the equilibrium of the particles held together by vital and chemical forces respectively; the proper external cause of the waste of matter acting as a force which tends to destroy an opposite force at every moment of existence. As long as the vital force is not conducted away by mechanical motion the oxygen has no effect on the organised parts; and in all cases the quantity of oxygen consumed corresponds to the conducting power of the nervous system, and the mechanical effects produced.

But there is still a further use which the oxygen subserves in the living economy. It combines with the non-nitrogenised elements of the food; this, also, being a purely chemical action. These elements consist chiefly of carbon and hydrogen; fat, starch, and sugar are examples. The principles of the food from which they are derived, previously undergo changes in the economy by which they are prepared for the action of the oxygen. For these changes a special apparatus, the biliary system, is provided. The ultimate combination of the prepared materials with the oxygen being a true eremacausis, or slow combustion, and the result is

The production of Animal Heat.

Animal heat, or a given temperature, is essential to the continued development of the vital force; and as the animal body resembles any other heated mass in tending towards an equilibrium of temperature with surrounding substances, the necessity of a provision for the production of heat within itself may be easily comprehended. There exists in the body no other known source of heat but the chemical action between the elements of the food and the oxygen of the air, this source being amply sufficient to explain all the phenomena. It signifies nothing what intermediate changes the food undergoes in becoming assimilated to organised tissue, or in its passage through the liver and the formation of bile, the last change is uniformly the combustion of its carbon and hydrogen and the production of carbonic acid and water. The production of heat occurs only in those parts of the body to which the oxygen respired is conveyed by the blood. The animal body is a furnace, the food the fuel, and with a proper supply of the supporter of combustion, heat must be the result. The metamorphosed tissues constitute a part of this fuel; the elements of respiration, the non-nitrogenised elements of the food, another part. Thus the chemical action of oxygen in the living body is neutralised, either by the rejected elements of organised parts, or by certain matters formed from the elements of the food, and the result is the production of heat with as much certainty as that heat is produced in ordinary combustion.

The following are

The more important Relations in the Animal Economy which it is the object of Liebig's work to investigate and to establish:—

I. Between the consumption of food and the consumption of oxygen.
II. Between the consumption of food and the development of heat.
III. Between the consumption of food and the development of mechanical force.
IV. Between the consumption of oxygen and the development of heat.
V. Between the consumption of oxygen and the development of mechanical force.
VI. Between the change of matter and the consumption of food; also the consumption of oxygen; also the development of heat; also the development of mechanical force.
VII. Between the expenditure of vital force in voluntary motion and the expenditure of vital force in involuntary motion.
VIII. Between the expenditure of vital force in reproduction and growth and its expenditure in mechanical effects.
IX. Between the expenditure of vital force and sleep.
X. Between the waste of organised material and the quantity of nitrogen in the urine.
XI. Between the sum of mechanical effects and the quantity of nitrogen in the urine.

From these, the more simple relations, the more complicated relations flow; as, for instance, the connection between the absorption of oxygen, the change of matter, and the manifestations of mechanical force; and again, the connection between the consumption of food, the manifestations of force, and the quantity of nitrogen in the urine.

Liebig is in accordance with most other physiologists in referring the phenomena of mental existence, of sensation, consciousness, and intellect, to

An immaterial agency, entirely distinct from the vital force.

This agency exercises a certain influence over the activity of organic life, just as other immaterial agencies do, and the organic life reacts on the conscious mental existence. The mental force may be absent without the vitality of animals being otherwise affected than by the want of a peculiar source of increased energy, or of disturbance. Every modification of nervous matter pre-supposes a modification of feeling, perception, and intellect; and every mental affection, every thought, every sensation, is accompanied by a change of matter. "The faculty of thinking," says Fletcher, "may be increased or diminished by causes which may be presumed to increase or diminish the quantity of nervous matter in which it resides."* But Liebig goes so far as to say that the production and transformation of the peculiar and distinct principles of which the brain and nerves are composed, may be modified at will by the employment of substances of analogous composition (p. 139).

Before I proceed to investigate the evidence which the author adduces in favour of his more remarkable positions, a few observations respecting one or two

Criticisms which Liebig's positions have elicited,

may not be misplaced. The important doctrine of the origin of mechanical power, and the manner in which it is conducted by the nerves, is met by a strong protest on the part of the reviewer in Dr. Forbes's journal. The writer appears to regard this as being opposed to the Hallerian doctrine of the inherent irritability of the muscular fibre, and he advances two objections against it:—1. Muscles are obedient to stimuli applied to themselves when they can be acted upon with great difficulty only by any stimulus conveyed through the nerves. 2. When the circulation of the blood ceases the nerves lose their power of communicating stimuli long before the muscles lose their irritability. The writer also remarks, "that there is one important point left out of view; namely, the *constant* action of the involuntary muscles."† Liebig is completely misunderstood in this criticism, there being nothing in his work, that I can find, inconsistent with the Hallerian doctrine. Muscles, according to him, are so many generators of vital force. It is nowhere asserted that the available vital force of an individual muscle, or part of a muscle, even if separated from the body, will not answer to stimuli. So long as any vital force remains it may be made to contract. What Liebig *does* say, and what must constitute a most important addition to the Hallerian doctrine, if satisfactorily supported by evidence, is, that the muscles have not a sufficient momentum of force; have not an amount of force at all times in a free state to produce the powerful mechanical motions of the animal body, and that the provision made by nature is, that the force required to make up the deficiency in one part shall be derived from other parts of the system, the nerves being the conductors. So that, although the muscles of an arm may be made to contract by various stimuli, when that arm is removed from the body, yet they cannot be made to exhibit the powerful and continued manifestations of force which are essential to the operations of life. Again, as regards the involuntary muscles, it by no means follows from the laws of the vital force, as stated by Liebig, that the force generated during the change of matter in their own substance is not available for their own mechanical movements; it follows only, that any deficiency of force necessary for the continuance of those movements is sure to be conveyed to them so long as there is any available force in any other part of the system, and so long as the nerves or conductors remain intact.

Does not this view of the case open to the mind a more rational explanation than has ever yet been given of a host of phenomena in the living system?

In the same critique (p. 499) another statement of Liebig's is characterised as erroneous. There being no proof that motion in plants, as that of the fluids in the characeæ, or the circulation of the sap, for example, is produced and propagated in the same way as motion is produced in animals, and many circumstances tending to establish the influence of physical and mechanical causes as heat, light, &c., in giving origin to these motions in the vegetable kingdom, Liebig regards animal and vegetable sensible motion as derived from two different sources. Plants being destitute of nerves, bear him out in this opinion, although the molecular motions in them, as in animals, are dependent upon the same force, and are, accordingly, identical. The reviewer denies Liebig's statement, but he offers no facts or reasonings to show that sensible motion has the same origin in both kingdoms. It is assertion without proof.

* Physiology, part iii., p. 117.

† Lib. cit., p. 498.

BOGS WITHOUT MALARIA.

HYPERTROPHY of the spleen you will see now and then, wherever you go. It is very common in Lincolnshire, and other places where intermittent fevers are endemial. In many parts of Italy, and other countries where heat and moisture abound, it is to be met in almost every person. In Ireland, though so moist, there is but little ague, and splenic enlargements must be considered rare. Our bogs do not give origin to malaria, owing, I suppose, to the great quantity of bark they contain.—*Dr. Benson; Lectures in Dublin.*

ON THE

DIAGNOSIS AND PATHOLOGY

OF

OPHTHALMIC AFFECTIONS,

DEVELOPING A

NEW PLAN OF TREATING STRUMOUS CONJUNCTIVITIS.

By E. O. Hocken, M.D., London.*

Strumous conjunctivitis is a very frequent and distressing disease of the eye, which occasions severe annoyance during its continuance, lasts an indefinite period, and is apt to be renewed, from slight variations of climate, or any other exciting cause. Those only who have seen much of this disease, the long time it occasionally lasts, the obstinacy it manifests against common remedies, and the great distress and anxiety that it causes to both the patient and the friends, can alone appreciate the value of any plan of treatment which promises almost certain and immediate relief, produces no pain by its application, and requires neither skill nor judgment in its use or repetition. Such a plan of treatment I shall have presently to offer to the notice of my professional brethren, and, in doing so, I feel persuaded that there are none who will take the trouble to give it a fair trial who will not bear me out in its great superiority and almost unfailing efficacy. I shall first speak of the

Pathology of Struma.

Strumous disease is not confined to the conjunctiva, but scrofulous inflammations affect the lids, the cornea, the aqueous membrane, the iris, &c. Hence I object to the term of "strumous ophthalmia," which, from the vague meaning of the latter term, might, with equal justice, be applied to any of these affections as to strumous conjunctivitis. They are all forms of inflammation, modified by the condition of the constitution; and before I proceed to describe the local affection it will be as well to consider, briefly, the general state of the system.

Struma, in one form or another, is the most prevalent affection that afflicts the inhabitants of damp and variable climates. Like many other constitutional diseases, the peculiar form occurring in the parent is almost sure to be handed down to the offspring, or a state of system that is extremely prone to take on similar diseased actions.

This fact, among others, proves that several allied, but more or less dissimilar, conditions of constitution are included under the term *struma;* for, in fact, a merely predisposed condition of system is, in common *parlance*, termed a "scrofulous constitution," —such, for instance, as the fine skin, clear delicate complexion, light hair, large blue eyes, long eyelashes, and precocious intellect, of one form; the dry harsh skin, lymphatic temperament, soft flaccid condition of the muscles, dulness and apathy of the mind and body, of another; or the foul, dry, swarthy-coloured skin, swollen countenance, dark hair, &c., of a third. A true condition of constitutional struma, however, depends, not on any mere physical condition of the body, but on an actual contamination of the blood by imperfectly assimilated matter; and this state of the blood is itself dependent upon, and is kept up by, a peculiar derangement of the digestive and assimilative organs. Both these pathological elements are concerned in the production of strumous conjunctivitis; the fifth nerve suffers from the propagation of irritation from the ganglionic system of nerves, and reference to its extremity, and the inflammation of the conjunctiva is modified by the strumous condition of the blood.

As I have stated before, so now I repeat, that the manifestations of this constitutional condition are different in different grades of individuals. Tubercular phthisis is thus handed down in a peculiar form of the general cachexia, and this cachexia is generated by adverse fortuitous circumstances, manifesting itself in this and other fragments of a great constitutional disease. But the other and more generally recognised indications of struma are rarely present in the phthisical constitution, although the pathology is similar and the products of diseased action identical.

Again, where the lymphatic glands undergo strumous deposition and inflammation, the ears are sore, and the skin is affected with eruptions; then it is that the lids and eyes are subject to attacks of inflammation, &c., of which strumous conjunctivitis forms one of the list. The reason why particular organs and tissues are, as it were, selected by a disease having so wide a diffusion as the mass of circulating blood, is dependent on an attraction which subsists between such parts and the peccant materials contained in the blood. Not only are these matters attracted by the affected tissues, but sufficiently so to separate them from the blood, and to retain and fix them in connection with the tissues, subsequent processes ridding the system of their presence altogether. From the abundance of the material, and the constancy with which it is renewed, we can readily understand how so many organs are involved in severe cases. In all diseases depending on a specific virus circulating with the blood I believe that the local disease is set up by the mutual and elective attraction between the tissue and the poison, the ultimate aim being to eliminate it from the system by subsequent processes. This I consider to be the case in constitutional syphilis, and that the discharges attending

* Continued from vol. ii. 1841-2.

its local manifestations are themselves poisoned, although the poison is diluted, and less virulent than the discharge of primary sores. Dr. Budd, of Bristol, in his very able and interesting paper* on the symmetry of disease, has clearly proved that the essential condition of each individual lesion is dependent on the detention of morbid matters, and their being held in union or affinity with the part affected.

All the best modern writers have acknowledged the invariable presence of that condition of the digestive organs which I have stated to be the *origo et fons mali*, the source of that contamination of the blood whence the local phenomena spring. The late Dr. Todd† stated, that in his opinion (and in which Sir James Clark concurs) strumous dyspepsia presented a more characteristic feature of this habit of body than any physiognomical portrait which has yet been drawn of it. For upon whatever temperament the disordered constitution called "scrofula" engrafts itself this form of dyspepsia will also there be found; and, therefore, being constantly present with it, preceding and accompanying the various symptoms which issue from it, it would be contrary to all reason to refuse to it an important share (nay, the whole share, with the other organs of assimilation) in the development of this disordered habit, and in the production of the local affections which have hitherto too much engrossed the attention, to the exclusion of a proper consideration of the constitutional disease.

The derangement of the abdominal and assimilative organs presents some slight diversity of symptoms in different cases. The abdomen is unnaturally protuberant, and entozoa are very apt to generate in some part of the intestinal canal. The tongue is frequently red at the tip and edges, and the papillæ prominent, whilst the centre is covered with a slimy greyish mucous coat. At other times the whole tongue is covered with a thin opake mucous covering, through which the papillæ project, or distributed in more or less circular confluent spots, often with a brownish dry streak down the centre in the morning. The appetite for food and drink is very uncertain: he is often thirsty, and has a ravenous appetite for food. Sometimes, on the contrary, there is great loss of appetite, and unaccountable dislikes and fancies. The bowels are generally confined, but alternated with occasional attacks of diarrhœa, depending probably on the irritation which the accumulated matters in the large intestines ultimately set up. The evacuations are unnatural in smell, colour, and consistence; they have a putrid odour, are of a lightish-brown colour, a clayish consistence, mixed with much mucus, undigested or partly digested food, and sometimes blood. There is often pain in the stomach or abdomen. The breath is foul, and there is generally much irritation about the nose and mouth, sometimes the rectum, so that the child picks and scratches these parts continually, and often occasions unpleasant sores. The urine is pale and abundant, depositing the triple phosphate on cooling. The skin is either harsh, dry, and subject to eruptions, or of a fair waxy appearance, with conspicuous veins, in which case there is almost always a slight degree of hectic present, and copious partial night-sweats. The sleep is seldom perfectly calm and undisturbed: it is either broken suddenly with a start, or he is restless, grinds his teeth, talks, or even screams. The throat suffers, in advanced cases, from repeated inflammations, and the tonsils undergo chronic enlargement, but only in some cases, and in these also the upper lip enlarges, and the mucous membrane of the nose is almost always engaged. The temper becomes irritable and fretful, and the child cries from slight causes, the superaddition of strumous conjunctivitis greatly augmenting this morbid trait.

Although this is but an imperfect sketch of the pathology of struma, it must suffice for my present purpose, and I will now pass on to consider

The Phenomena of Strumous Conjunctivitis,

omitting strumous corneitis, &c. &c. What I have endeavoured to establish in the foregoing remarks may be expressed under the following propositions:—That a physical conformation of body predisposed to struma does not necessarily imply a strumous constitution. That a peculiar derangement of the digestive, excretive, and assimilative organs is the first source of the disordered habit. That the pathological element of the constitutional disease consists in a contamination of the general mass of the blood with imperfectly assimilated or tuberculous matter. That the local diseases arise from an elective attraction between this matter and the tissues, its separation from the blood, and subsequent processes to eliminate it from the system. That there are distinct varieties of constitutional and local manifestations derived from one source. That strumous conjunctivitis is dependent on a propagated irritation, manifested in the fifth nerve, and slight inflammation of the conjunctiva.

Strumous diseases of the eye are rare after puberty, and although I have seen strumous corneitis in a man of twenty-three years, I have never met with the conjunctival disease before two years nor after puberty. The disease is sometimes severe, and of short duration, especially a first attack, but after several renewals it is apt to linger in a very chronic form, with frequent augmentations from every exposure to change of weather,

* Med. Chir. Transactions, vol. xxv.
† Cyc. Prac. Med., vol. ii. p. 654.

or increased derangement of the digestive organs.

Symptoms.

On seeing a child with strumous conjunctivitis, the great intolerance of light, and the firm spasmodic closure of the lids (photophobia and blepharospasmus), especially attract our attention. The orbiculares palpebrarum keep up a constant pressure on and irritation of the affected membrane by the severe spasm they constantly suffer when exposed even to moderate light; and even the little light which passes through the lids, and acts on them and the conjunctiva, is unbearable, so that the child keeps its hands pressed on them, and leans its face on its nurse's shoulder, or, if in bed, on the pillow, even in comparative darkness. In chronic cases the edges of the lids are kept in this manner in an almost inverted condition, and the eyelashes get under, and are there retained, augmenting the distress. I believe that the affection is greatly increased and maintained almost entirely by this constant source of irritation, and that to remove the irritability of the lids and conjunctiva is to cure the disease.

When we come to examine the eye, even in children who strive to assist the practitioner, the greatest difficulty is experienced, and in some cases actual force is absolutely required to separate the lids, a proceeding not calculated to improve the features of the case. The necessary exposure to light occasions a profuse discharge of scalding tears, and on attempting to raise the lid it often becomes inverted, whilst the eyeball is rotated out of sight upwards and outwards. If we succeed in fairly viewing the eye we observe a bundle of vessels forming a cone, with its apex towards the cornea, generally very slight, and most frequently terminating in a minute translucent elevation, which is an imperfect vesicle or phlyctenula. There may be several of these in different periods of their progress; some incomplete, others collapsed, and forming a minute depression or dimple; some in a state of ulceration, either slight or severe; and others, again, having cicatrised, and left a small opake speck or diminutive albugo. They are situated most commonly at the junction of the cornea and sclerotica, sometimes further in on the cornea, and less frequently on the conjunctiva beyond the cornea.

Although slight vascularity is a feature of the less chronic cases, and is beautifully seen when the lids can be quickly separated, as in the sleeping child, or seizing an opportunity when the patient is unprepared; yet, if much violence has been resorted to, the eye appears much laden with blood, and the lids very vascular.

The affection commences with vascularity of the lids and great intolerance of light, sometimes much watering of the eye. As the case proceeds,—sometimes in a few hours,—the local symptoms I have mentioned become developed; the tears are poured out profusely on exposure to light; the child cries and complains of pain, and frequently sneezes violently from the propagation of irritation to the nose, from the branches of the fifth nerve supplying the lids and conjunctiva to the naso-lobular branch, which passes into the nose through the cribriform plate of the ethmoid. When phlyctenulæ are present, they terminate either in a small transparent depression termed a dimple, or go on to ulceration of various degrees and severity. These ulcers are generally transparent and not very deep, but in unfavourable cases, and if not attended to, they will sometimes become funnel-shaped and penetrate deeply, so as to allow the aqueous capsule to protrude in the form of a transparent vesicle. The base of the ulcer is placed superficially, diminishing in size as it penetrates the different layers of the cornea. If the destructive processes be not now checked the aqueous capsule bursts, the aqueous humour escapes, and frequently a portion of the iris protrudes from the wound, forming what is termed myocephalon, from its resemblance to the head of a fly. The cornea is rendered opake from cicatrisation, forming small specks where the damage has been slight; when more severe, denser and larger forms of albugo, and an indelible opacity with a central black speck, or a limited staphyloma (from the pseudo cornea, adherent to the iris, being thrust forwards whilst soft by the aqueous fluid) when the ulcer has penetrated and the iris protruded. Strumous opacities of these kinds (excepting the latter) will generally disappear or lessen, after a longer or shorter period, by the natural powers, being quickened by an appropriate treatment.

As the attacks multiply, and assume more and more of a chronic form, the child acquires a peculiar physiognomy; the brow is contracted, the cheek, ala of the nose, and angle of the mouth, are drawn up, to protect it in some measure from the influence of light, and from the frequent flow of the stimulating tears over the cheek, &c.; and the susceptibility of the little patient to take on diseased action, the face is excoriated or covered with eruptions. The scalp, behind the ears, and the external ear itself, often suffer from vesicular or pustular disease in this stage. The eyelashes, as I have mentioned, often become inverted under the lid, and the edges of the lids themselves more or less entropic. The eyes and lids are now much more vascular, and the conjunctival covering of the cornea frequently thickened and vascular, sometimes so much so as to deserve the name of pannus.

One or both eyes may suffer, either simultaneously or consecutively. One is in general more severely affected than the other, or

the severity passes alternately from one eye to the other. It is in the chronic stage that the deeper seated tissues are occasionally involved.

Pathology.

The intolerance of light in this disease is usually attributed to an affection of the retina, but I believe that the true retina has nothing to do with its production. I think that if we examine its symptoms and cure we cannot fail to trace it to the ophthalmic division of the fifth nerve, solely and exclusively. The fifth (this division of it) is a nerve of sensation, nutrition, and secretion, supplying common sensibility to the eye and all the other contents of the orbit, and overruling the function of the lachrymal gland. If we ask any physiologist how the muscles of the orbit derive their sensibility, he will reply through the fifth nerve, but the filaments which actually supply these muscles are unknown. Now, I believe that the retina itself is in direct communication with the fifth, through the medium of filaments distributed with those of the optic nerve, not, as Magendie thought, as the actual nerve of sight, but as the source of common sensibility to light, and the medium of impressions on the pupil through the lenticular ganglion. It is true I can offer no actual anatomical demonstration of this opinion, but in this I am not singular, as in the case of the muscles just alluded to; nevertheless, I will proceed to show my reasons for thinking so.

If a small foreign body, as a grain of sand, get between the upper eyelid and globe, a temporary condition, very analogous to strumous conjunctivitis, is induced; the patient manifests the greatest intolerance to light, the orbicularis palpebrarum is affected spasmodically, *the pupil contracts to a fine point*, and the eye waters profusely. When we come to examine it we find the eye turned greatly upwards and outwards, and the same difficulty with the orbicularis. Now, in this case, it is obvious that all these symptoms depend entirely on an irritation of the fifth nerve. But it is equally clear to my mind that although the fifth nerve produces contraction of the pupil *per se*, still, under ordinary circumstances, the light must fall on the retina to occasion this change. The experiments of Fontana prove that the mere action of light on the iris is insufficient to produce contraction of the pupil unless the retina be simultaneously affected.

But daily observation also proves that if the fifth nerve be in a state of irritation the action of light on the eyelids alone is amply sufficient to produce the same effects. The experiments of Magendie also tend to confirm this opinion of the function and communication of the fifth nerve, and not, as he imagined that it was, the true nerve of vision; for although the retina was apparently insensible to intense light from division of the fifth it does not necessarily follow that the animals were blind. His experiments were performed on rabbits, in whom division of the fifth nerve produces contraction of the pupil, and even here when he admitted solar light, and concentrated it on the retina by a lens, the animal closed its lids. Mr. Walker, in some very ingenious and interesting remarks,* clearly proves that under similar circumstances sensibility to light is lost, but not the proper functions of the retina. In a patient of his all the parts supplied by the fifth nerve were paralysed on one side of the face, and here there was a striking difference in the sensibility of the two eyes to light. The healthy eye could not bear the same amount of light for a single instant which produced no impression on the eye of the paralytic side; the flame was distinctly visible to the eye, but it produced no irritation, Again, where persons are quite blind, sensibility to light often remains.

Cases of complete amaurosis are occasionally met with where the iris moves actively and freely, and where the patients can tell by their sensations the difference between light and darkness, without being able to see at all. These cases appear to dissect, as it were, the different portions of the retina, and shows its separate functions; the true retina is paralysed by disease in some part of the visual nervous system, whilst the sensitive functions of the fifth and the motor of the third nerves remain intact.

It is clear, therefore, that the intolerance of light, the spasmodic closure of the lids, the profuse lachrymation, the contracted state of the pupil, and the involuntary efforts to exclude the light, in strumous conjunctivitis, are not dependent on any derangement in the state of the retina itself, but on the various filaments of the fifth nerve which supply these different parts, including the retina; and that this is the true pathology of the affection those cases show where all these symptoms are present without phlyctenulæ, or any notable redness; and, moreover, as I shall presently show, that to remove the great susceptibility of this nerve is to cure the attack.

I shall omit the consideration of causes, diagnosis, and prognosis, merely remarking that some accidental increase of the permanent disturbance of the intestinal canal, or the induction of derangement in the eye from common causes, especially atmospheric vicissitudes, excite or establish the ophthalmic affection, and pass on to

Treatment.

This includes the treatment of the attack and the treatment of the interval, and consists of general and local treatment.

My friend, Mr. Wormald, is in the habit of treating many slight ophthalmic affec-

* Philosophy of the Eye, p. 276.

tions (especially among the out-patients of St. Bartholomew's Hospital) exclusively by daubing the nitrate of silver on the outside of the lids. It was from watching the success of this practice in many cases that led me to give the remedy, in this way, a fair trial among my own private patients. I found that it was most successful in the forms of strumous conjunctivitis, so much so, that when combined with appropriate constitutional measures it has never failed in my hands,—and this not after the lapse of a protracted period, but, where the case was recent, immediately, and, if chronic, after two or three applications. At the West of England Eye Infirmary strumous conjunctivitis is very common, and often most severe and intractable. At my request Mr. De la Garde (one of the surgeons to the institution) placed several cases under this plan of treatment, and shortly after having commenced it he wrote to inform me that out of at least a dozen such cases there was only one which was not immediately attended with the most marked success. Besides strumous conjunctivitis, I have found the nitrate of silver, applied in the way I shall immediately explain, a most valuable auxiliary in all cases where the conjunctiva and lids were much concerned, and wherever there was much intolerance of light; such as in all the strumous diseases of the eye, in catarrhal and purulent ophthalmia, in granular conjunctivitis, and simple conjunctivitis of the lids or globe.

*Mode of applying the Nitrate of Silver.**

A clean stick of the nitrate of silver, having from one to two inches exposed, should be selected. The patient's eyelids are to be closed, and put slightly on the stretch by applying the thumb of the left hand to the eyebrow, and gently raising the skin; the nitrate of silver is then to be passed (previously moistened) over the whole surface of the skin of the upper, and subsequently the lower eyelids, two or three times, smoothly, and without much pressure, bringing, not the point, but the sides of the stick of lunar caustic in contact with the skin. The object of this application is only to blacken and not to occasion any severer effects, and it will be found that, after a short time, as soon as the nitrate has had time fully to act on the fifth nerve, it will completely relieve the intolerance of light, the lachrymation, and, what is of the most importance, the spasmodic strivings of the orbicular muscle, and hence relieves the patient from that constant irritation and pressure which maintains and aggravates the affection.

In one of my patients, a little boy, four years old, I had an opportunity of treating an attack of strumous conjunctivitis and purulent ophthalmia in different eyes at short intervals of time. The strumous attack was subdued at once, but in about a week after he was brought to me with purulent ophthalmia of the opposite eye. I at first used leeches, purging, and strong solutions of the nitrate of silver, to be placed between the lids, but this treatment, although it subdued the severity of the attack, failed to cure it; it merely subsided into a chronic form. At this stage I applied the nitrate of silver to the outside of the lids, in the way described, which immediately gave a new feature to the case. He improved directly, and a second application about a week subsequently produced a cure in a few days.

The additional Treatment.

On first seeing a case of strumous conjunctivitis, besides the application of the nitrate of silver to the outside of the lids, it is advisable to administer three or four grains of the hydrargyrum cum creta, or two of calomel, with one, two, or only half a grain of quinine (according to the age of the child), and follow it up, about six hours afterwards, with an appropriate dose of rhubarb, ginger, and sulphate of potash. If the smaller powder be given at night the aperient should be delayed till next morning. Where the case is chronic it is very serviceable to repeat this practice about twice every week or eight days, and where the child voids worms it is best to free the intestinal canal from the nuisance by an appropriate plan of treatment. It is not sufficient merely to free the patient from ophthalmic disease for the time.

To prevent future attacks

the constitution must be improved, and to accomplish that we must strike at the root of the disorder. The general symptoms are those of debility; either a pale, pasty, bloodless condition, with flabbiness and want of tone in the solids, or, on the contrary, constitutional debility, with an excess of irritability of the nervous and vascular systems, occasioning a tendency to hectic; both states, however, are benefitted by tonics. To improve the digestive and assimilative functions we have recourse to hygienic and therapeutic agents. The former include diet, air, exercise, light, and clothing; the latter, tonics, purgatives, warm baths, or cold sponging, followed by brisk friction of the skin.

* The application of the nitrate of silver to the outside of the lids is a very different plan of proceeding from its introduction, either as a strong solution or in substance, between the lids. From the latter I have seen the greatest injury result, and should decidedly refuse my consent if myself the patient. Excepting in the purulent forms of conjunctivitis, it is a plan I utterly condemn, as cruel, injurious, and unscientific. Weak solutions (as one or two grains to the fluid ounce) are, however, sometimes highly beneficial.

The diet should be nutritious, in moderate quantity, and taken at regular intervals, being well masticated, whilst every injurious or indigestible article should be carefully avoided; such as pastry, new bread in every form, sweetmeats, crude vegetables, fruit, with the exception of soft fully ripe fruit, in small quantity, as strawberries, &c. Early hours should be enforced, both for retiring to rest and rising in the morning. A healthy situation should be selected, (when possible) with an occasional change of air, and a residence near the sea during summer. Sufficient exercise is very important; such as riding, walking, playing, &c., all in their turns, but fatigue is carefully to be avoided. The mind, also, must never be overworked. The body is sure to become diseased if deprived of the agency of sufficient light, hence the clear light of day and the bright sunshine must be sought and enjoyed. Exercise in the green fields combines the enjoyment of mind and body, exposure to light, a free supply of fresh air, and the stimulus of exertion. Moreover, it is highly necessary to clothe the body warmly, both to encourage the functions of the skin, retain warmth, and to prevent the effects of atmospheric vicissitudes.

As purgatives, the combination of a mercurial preparation with quinine, followed by rhubarb, &c., as I have already mentioned, is the best mode of occasionally stimulating and strengthening the chylopoietic functions. Besides this, if the child be pale, and the solids deficient in tone, the ammonio-citrate of iron, in small doses, two or three times a day, should be administered; but if the circulation be active, and the nervous system irritable, quinine, exhibited in the same manner, has succeeded best in my hands. In these latter patients, cold sponging successively of the various parts of the entire cutaneous system, followed by brisk friction, I have seen most beneficial; in the former, where the skin is dry and rough, warm bathing about once a week, also succeeded by active rubbing with a coarse towel or the flesh brush. This is but a sketch of the constitutional treatment, but having already filled several pages, I must bring these remarks to a conclusion.

If any gentlemen will be kind enough to give my plan a fair trial, and report their success to me, I should feel much obliged.

15, Southampton-street, Covent Garden,
Nov. 8th, 1842.

Income of French Hospitals.—According to reports recently forwarded from the various departments to the minister of the interior, it appears that the aggregate revenue of the public charitable institutions of France amounts to 2,320,000*l.*; viz., that of the hospitals and government asylums, 49,000,000fr., and that of the workhouses, &c. (*bureaux de bienfaisance*), 9,000,000fr.

PECULIAR PROOF OF SPECIFIC ACTION ON THE UTERUS.

Ergot of Rye.—It is well known that this substance, when inadvertently taken by males, has produced sphacelus of the extremities. The following case, narrated by a physician of the French department of Var ("Gaz.des Hôpit.," Sup., Oct.), shows that similar phenomena may occur in the female subject, when the uterus has become unfit for the performance of its functions, and accordingly proves the uterus to be the organ which, by drawing the action of the ergot towards itself, shields in the female other portions of the frame from its deleterious effects:—"An unmarried woman, forty years of age, had the neck of the uterus attacked with cancer, by which a large portion of the organ became destroyed. To arrest the hæmorrhage, which supervened daily, upon the slightest exertion, as well as the continual discharge of sero-purulent matter, which had brought the patient into a state of marasmus, I ordered the ergot of rye to be given in the form of pills, to the extent of from twenty to thirty grains (one and a half to two grammes) in the twenty-four hours, with injections of carrot-infusion and alum. The patient took these pills for several successive days, ceased their use on the diminution of the hæmorrhage, and resumed them on its reaugmentation. In this way she took about twelve grammes, or about three drachms, in the space of thirty-six days, when she was seized with violent vomiting, and the whole of the vaginal mucous membrane appeared gangrenous, being of a slaty-grey colour, and exhaling a characteristic odour. The membrane came away in shreds at the end of about eight days (being probably replaced by a new formation); but when the cure had proceeded thus far a sudden hæmorrhage came on and carried off the patient."

SUGAR.

Mr. Dell, of Aylesbury, in the "Ann. of Chemistry," Oct. 28, says, "Several times, when conducting a qualitative analysis of sugar, I have detected traces of nitrogen. The following simple experiment shows the truth of this. Ignite, in a plantinum spoon, a few grains of sugar; receive the vapour on a slip of glass moistened with pure muriatic acid; evaporated to dryness, this leaves a residuum which, under the miscroscope, consists almost entirely of crystals of *muriate of ammonia*. I should like to receive some explanation of this, because I cannot imagine that so appreciable a quantity can have escaped the eminent chemists who have analysed sugar." Liebig says, with Magendie as the authority: "Sugar is nutritive, if accompanied with other alimentary substances; but as it does not contain azote, it cannot alone support life."

SUPPRESSION OF THE MENSES

TREATED BY

LEECHES TO THE OS UTERI.

By Francis S. Haden, Esq., M.R.C.S., Riddings, Derbyshire.

The treatment of obstinate cases of suppressed menses by the application of leeches to the os uteri, though successfully pursued in continental practice, is, so far as I know, rarely had recourse to by English practitioners. In Italy, and throughout the south of Europe generally, it is a common, often the only, remedy, and one which, judiciously employed, rarely fails to restore the function, even in the most protracted cases. One of those here detailed, is abridged from a numerous list kept at the Civil Hospital, Grenoble; the second occurred the other day in the writer's own practice.

"Case 1.—Elise Póche, ætat. 25, native of St. Etienne, Loire, ribbon-cutter.

"Plethoric, with short, thick neck; her employment sedentary, and her living irregular; has always suffered more or less from dysmenorrhœa, and has not menstruated for the last five months. In the course of a prolonged medical treatment she has been bled, generally, and on the loins, by cupping; blistered, purged, and plied with emenagogues, stimulant and emollient enemata, &c. &c. Her present symptoms are throbbing temples, with fulness and weight of head, periodical flushing of face, strong and bounding pulse, foul tongue, inactive bowels, with vomiting in the morning on assuming the erect posture. The sickness is often followed by a shivering fit; occasionally, by hysteria. Periodical dragging pains in the loins occur at about the time that the catamenia ought to be present.

"The treatment was, as it should be in every case, deferred until these pains became urgent; and then, a brisk aloetic purgative being premised, *eight leeches were applied, through the speculum*, and the bleeding was allowed to go on in the hip-bath, the aloetic medicine being repeated. The menstrua returned on the next day, scantily indeed, and without colour, but on the succeeding monthly crisis, naturally, and with little inconvenience to the patient."—*Civil Hospital, Grenoble*, Aug. 3, 1840.

Case 2.—Mary B., ætat. 19, lace-maker, Riddings.

Sept. 16, 1842. Has been ill several months; appearance very unhealthy; physical depression extreme; faintness on every attempt at exertion; uneasiness down the thighs, and in the calves of the legs; bearing-down pains in the lumbar region. She has not menstruated for four months. The pulse is rapid, fluttering, and 120. There is headach and incoherent muttering during sleep, and on awaking. The skin, now covered with a clammy secretion, is often dry; sebaceous follicles of the face distended by the inspissated secretion; tongue foul; breath offensive; motions black and fetid; sleep disturbed during the earlier part of the night, interrupted towards four, a.m., by watchfulness and copious perspiration. She has habitual cough.

The state of the secretions, and the general health, were improved by divided doses of calomel and antimony, followed by infusion of senna, decoction of aloes, and sulphate of magnesia, with other appropriate treatment, continued for a fortnight.

Oct. 3. Not so well; has been much purged; motions of a better colour.

4. Bowels still active, dejections natural; tongue less loaded; pulse steadier; appearance much improved; pain in the loins "very wearing;" and general symptoms such as to invite a trial of measures calculated to restore the catamenial function. The antimony and ipecacuanha were continued, the skin in the day-time being hot and dry, the tongue parched, and the trachea oppressed with thick and tenacious mucus. *Apply six leeches to the os uteri.* A warm bath in the evening.

6. Better; had fainted after being in the bath seven minutes; skin clearer; alvine secretions rather dark-coloured. Mercury with chalk, gr. v., and rhubarb, every night at bed-time. Repeat the bath in the evening.

7. After remaining in the bath a quarter of an hour was seized with slight opisthotonos, and passed a restless night. Pains in the loins less severe. Omit the bath; *repeat the leeches.*

8. Pain in back and limbs gone. There is a scanty, almost colourless, discharge from the vagina. General condition so much ameliorated that the girl can walk about without assistance.

9. Continues to improve. A tonic treatment is now indicated. ℞ *Disulph. of quinine*, gr. xvi.; *comp. iron pill*, ʒj; *pill of aloes. with myrrh*, ʒss; in twenty-four pills; two, twice a-day, and beef-tea.

10. Gradually improving; sleep tranquil; serous discharge from vagina has ceased.

Nov. 7. The catamenia have appeared.

These two cases have been selected, as occurring in subjects of very different temperaments. In both, the treatment by leeches was perfectly successful. They should be applied at the time, or just previously to the expected appearance of the menstrua, and although they rarely act otherwise on the first application than by producing a discharge of blood *in imitation*, as it were, of the catamenial flow, it almost invariably happens that on the accession of the *next* monthly period the secretion is natural and the function restored. It is my habit to enclose double the number of leeches required in a pewter tube, seven inches in

length, by one or more in diameter, having first syringed the vagina with warm water; a nurse manages all this very well, and withdraws the tube after a sufficient number of leeches have attached themselves to the os uteri.

Riddings, Nov. 9, 1842.

TRIALS OF QUININE IN TYPHUS.

At the instance of Signor Broqua, a medical practitioner at Piacenza, the sulphate of quinine has been used in frequent doses on patients suffering under typhus fever, in the Hôpital Cochin, in Paris. The doses, administered by Broqua himself, were usually from ten to twenty centigrammes (one and a half to three grains) hourly, during both day and night. In the French hospital they varied, in different cases, and at different periods of the disease, from fifteen to ninety grains in the twenty-four hours. M. Laurent presents in the "Archives Generales de la Medicine," for September, 1842, a summary notice of its effects, as observed in eleven cases treated at the Hôpital Cochin; from which it appears that the most marked influence of the remedy was on the pulse, the frequency of which it uniformly diminished. Many unpleasant symptoms resulted during its employment, such as a dryness and heightened colour of the tongue and fauces, which probably prevailed throughout a great part of the alimentary canal, being accompanied with intense and sometimes insatiable thirst; pain in the chest and epigastrium; abundant diarrhœa, and occasionally bloody stools; frequent vomitings, which ceased on abandoning the use of the remedy; deafness and ringing in the ears, which did not invariably cease with the cessation of its employment, &c. Certainly, out of the above eleven cases in which the sulphate of quinine was tried at the Hôpital Cochin, only one terminated unfavourably; but M. Laurent is, notwithstanding, by no means sanguine of having found in it a remedy for typhus superior to others; and, indeed, were it so, its expense would be urged as an insuperable bar to its general adoption.

VEGETO-ANIMAL GROWTHS.

A French author, M. Gruby, asserts that he has discovered vegetable fungi in the scabs of porrigo favosa; and more recently he maintains that they are present also in sycosis. By the aid of the microscope very minute cryptogamia may be seen, he says, between the hairs of the beard and their enveloping epidermis, taking their origin in the root and sheath of the former, and enveloping all that portion of them which is subjacent to the surface, above which none of these parasitic growths are discoverable.—(*Arch. Gen. de Med.*)

CURIOUS RESEARCHES IN PHTHISIS.

Rayer asserts that he has ascertained the following facts respecting this disease. It is, of all chronic diseases, that which is most common to man and animals. In man, and the other mammifera, the tuberculous matter is readily distinguished from recent pus; in birds its characteristics are less marked; and in lower animals still less so. Pus, however, in the mammifera, and especially in the horse, after a long persistence in certain organs, undergoes successive changes, in the course of which it sometimes assumes the aspect of tuberculous matter. The internal softening of tubercles is not attributable to inflammation; but their external softening is, on the contrary, most commonly determined by the inflammation of the adjacent tissues; and almost always the tubercular matter is mixed, in the latter case, with globules of pus. The calcareous concretions seen in the lungs of man and animals must not always be considered as tuberculous. They are often, in man and in the horse, the residue of purulent deposit. Phthisis is, in our climate and in France, by far the most frequent chronic disease in animals the natives of distant countries. It attacks not only animals from warm, but others from cold climates, as the rein-deer, &c. It is comparatively rare, however, in the solidungula and carnaria; and the horse and dog are much more subject to cancer than phthisis. The bony disease presented by the monkey tribes, particularly those of South America, when suffering from phthisis, appears to be analogous to the deformities, swellings, and spongy softening of the bones in phthisical and scrofulous children. Similar diseased alterations are observed in the bones of carnivorous animals transported hither. Phthisis, though hereditary, is seldom congenital, even in a rudimentary form. The seminal fluid of phthisical persons is remarkably destitute of animalculæ.

FOREIGN MEETINGS.

The meeting at Mayence, held this year, and the French Scientific Congress, which lately assembled at Strasburgh, approach, in their objects, the British Association. Among thirty questions proposed by the French Congress for consideration, were some,—on pharmacy in France; the utility of limiting the number of shops, and of making the possessors give security; on revising the law concerning the sale of poisons; on the means of suppressing secret remedies; on the employment of electro-galvanism in pharmaceutical operations; and on the different methods of preparing calomel, to determine whether the difference in the effect of the remedy is to be attributed to the process followed.

ANATOMY OF THE NERVES.

Dr. Remak, of Berlin, has elicited the following facts upon this head:—The nervous substance is contained in tubes. The tubes enclosing the medullary matter of the sensitive nerves are exceedingly thin and transparent, while those surrounding the substance of the motor nerves are much more resisting and dense; to which latter condition the greater whiteness and opacity of those nerves appears to be owing. It is well known that nervous filaments from the cerebro-spinal system go to join the ganglia of the sympathetic system; but, according to the researches of Dr. Remak, they only traverse the ganglia without forming with them any more intimate connection, as used to be supposed. The nervous matter of the sympathetic system is distinguished by its peculiar reddish tint, but the nerves given off by the sympathetic ganglia carry both reddish and white (or cerebro-spinal) nervous matter; the latter, however, exists in the least quantity in the nerves going to the organs removed from the agency of the will, as the liver, the spleen, &c. But in nearly every bundle of nervous matter it would seem that motor, sensitive, and sympathetic filaments are present. Two kinds of function are well established to belong to the cerebro-spinal nervous system, a perception of sensation, and a motive power; and Dr. Remak supposes a double function of a similar kind to belong to the sympathetic system, thus rendering necessary the existence of a double *sensorium commune* in the same living being, one of organic or vegetative, and the other of (so called) animal life.

EFFECTS OF ANTIMONY.

M. Lohmeier had, in 1839, four patients who having been employed in the manufacture of antimonial preparations, had been attacked by a disease which presented the following anomalous symptoms. Pains of the head, back, and sides; mucous rattle, and a whistling sound (*sifflement*), distinguished on auscultation; difficulty of respiration and of expectoration; profuse perspirations and general prostration of strength; anorexia; diarrhœa; dysuria, with mucous urine, causing a burning sensation in the urethra; pustules on different parts of the body, particularly on the thighs and scrotum; pains in the testicles, which, as well as the penis, were atrophied; much flaccidity of the penis, with total impotence, and a distaste for coition. The patients were first put on antiphlogistic treatment; after which opium, quinine, and other bitters were employed with success; and the use of cold lotions to the scrotum, and tincture of cantharides with opium internally, was recommended, to restore the energy of the genital organs. As prophylactic means, M. Lohmeier enjoined strict cleanliness, and the use of drinks containing tannin, as the best remedy against the effects of antimony. The most remarkable circumstance in these cases is the absence of all venereal desire. Indeed, certain heretical physicians have noticed this effect of the medicine, and many agriculturists on the continent are reported to add antimony to the food of their cattle, to diminish their sexual appetite, and thereby induce fatness. Probably this cause also may share in having produced the great abdominal development of some of the monks of old; for we are told that antimony was formerly in common use in monastic establishments, to secure their inmates against the attacks of "the flesh and the devil."

EXTIRPATION OF THE PAROTID GLAND.

This difficult operation, which the surgeons of Europe have so seldom attempted, is said to have been lately effected in the most complete and successful manner by an American practitioner. The case was that of a man sixty-two years of age, who had in the parotid region a voluminous tumour, suspected to be of a cancerous nature. The primary incisions having been made, a ligature was loosely placed around the trunk of the common carotid, and the tumour was then dissected out, detached from its adhesions, and removed by the aid of some force (*par des fortes tractions!*) The knife was carried quite down to the styloid process. The vessels divided in the early stage of the dissection were tied without difficulty, but towards the end of the operation so great an hæmorrhage ensued that the ligature on the carotid was forced to be tightened. A complete cure was effected in about six weeks; nor do we hear of any grave obstacles to its process having occurred.—(*Arch. Gen. de la Med.*)

ASCITES.—TIGHT BANDAGING.

M. Lecanu reports ("Arch. Gen. de Med., Oct. 1842), the case of a woman at Yvetot, in whom a chronic peritonitis had caused a considerable collection of fluid in the abdomen. She was subjected to the operation of tapping every week or ten days; and in the course of fifteen years she was tapped eight hundred and eighty-six times: the total quantity of fluid evacuated during that period having been estimated by M. Lecanu at fifty-two hogsheads. About three or four years since, that practitioner, under whose care she was, tried the effect of tight bandaging, which, however, the patient could not endure beyond three days. But from the epoch of its employment a marked improvement took place in her condition, the operation became progressively less necessary, and in the course of two years a complete cure was effected, the abdomen having diminished to a size little more than natural.

BRITISH MEDICAL ASSOCIATION.

ANNIVERSARY MEETING,

Nov. 8, 1842.

Last week (p. 266) we briefly noticed this meeting, held on Tuesday week, and now furnish a fuller report of the proceedings.

Dr. Webster (the President), on taking the chair, warmly congratulated the assembly on this celebration of the sixth anniversary of the association, now arrived at an age when he hoped it would be capable of doing manly things. Its past exertions had already accomplished much, and it was at present surrounded by a goodly progeny of auxiliary associations, spread throughout the three kingdoms. (Cheers.) The principles on which the association was founded had been hitherto steadily carried out. Its ends might all be included in the words, "medical reform," the very essence of which was *representative government*. (Hear, hear.) At first, its objects were ridiculed; no reform was said to be necessary; but now the subject had taken hold of the public mind, and introduced itself even into the recesses of the medical corporations,—a strong proof of its necessity. He was afraid there, however, of only a mock reform, of changes without improvement in their constitution. The essential means of medical reform might be comprised under a few heads. First, union and representation. Secondly, uniform qualification for practice. Thirdly, equality of rights for medical men. Fourthly, protection to the public against illegal practitioners. (Cheers.) The Chairman then stated what he understood to be the "heads" of Sir J. Graham's Bill, to which Government attention had been directed. Although the Bill embraced some few good things, yet it contained scarcely a single element of medical reform. The whole was to proceed from the corporations and the Government. The latter, it was true, were to share in the responsibility of any central council that might be formed, but the members of the profession at large were not to be consulted in any way in its formation. On the contrary, the plan involved the degradation of the great body of general practitioners. About 200 members of the College of Surgeons were to be called Fellows, thus to be distinguished above the rest. They, only, were to be enfranchised, and from them the council was to be elected. This arrangement the association could not sanction. (Loud cheers.) It created not the bond of union for which they had been contending. Nothing was to be done to unite the medical profession into *one body*. They were weak because there were divisions and distinctions amongst them, irrespective of education, merit, and talent. The 20,000 medical practitioners of Great Britain were not to be eligible for either of the councils, nor even to have a vote in their election! If the Minister did not apply for advice to those who represented the opinions of the profession—its associated bodies and reformers—he trusted that between this and the next session of Parliament the matter would be urgently pressed on the Government, to defeat such an unjust measure. It had been tauntingly asked, "What are your grievances?" The worthy ex-President of the College of Surgeons had put that question to him in a very pointed manner, when the deputation waited upon the council from the medical conference. An eminent member of the College council lately said, "You have nothing to manage. The council of the College of Surgeons is a most disinterested body. It has always acted fairly and uprightly. The museum could not be better attended to than it is, nor the funds better managed. As to your having votes for the council, that is perfectly out of the question. If that plan were adopted, the greatest confusion would arise, and we should have anybody and everybody elected." (Laughter.) But is it not a grievance that no bond of union whatever exists in the profession,—that invidious and unmerited distinctions are made,—that 20,000 practitioners in Great Britain are not consulted on matters connected with their own interests,—that we have no votes for those who manage our affairs,—that general practitioners are not eligible for the councils of the corporate bodies,—that the councils are self-elected and irresponsible,—that the physicians and surgeons of our hospitals are all appointed by a system of intrigue and nepotism, instead of merit and fair competition? I maintain (continued Dr. Webster) that these are all great grievances. (Loud applause.) Another palpable defect in the proposed plan is the utter want of protection against illegal practice. Even the slight protection of the Apothecaries' Company is proposed to be withdrawn, and practice is to be left open to any one who chooses to assume the functions of a medical man. True, one clause provides that unregistered persons shall not be eligible for public service; but I never yet heard of a quack or a druggist offering himself as surgeon to a hospital; though, indeed, not a few such men were, and, for aught I know to the contrary, may still be, engaged in poor-law unions; with regard to which let me observe, the indignities offered to the profession never would have taken place if we could have sent up our remonstrances to representative councils. (Cheers.) It does appear to me, then, Gentlemen, that the true time for *action* has arrived. We have been meeting, and discussing, and writing, aye, and doing also; but we must now make still more vigorous efforts. We have, in all faithfulness, and with the best feelings and intentions, laid before the cor-

porations our grievances, and invited them to join us in obtaining our rights; but what has been the result? They turn to us a deaf ear. What then are we to do? Remain in our present state? No. We must form ourselves into a representative body, and call upon the profession at large to send up, or appoint, representatives from different parts of the country to form a central acting committee or council. Resolutions that will be calculated to bring about that consummation, which is so devoutly to be wished, will be submitted to you to-night. Gentlemen, three words which I will give you, I trust you will deeply ponder, and they are those of one of our oldest reformers, an esteemed friend of mine,—union, organisation, and energy. It is only by adopting this course, being firm and united, that we can extricate ourselves from our present difficulties. (Loud cheers.)

Mr. HARRISON (the secretary) then read the report of the council, which congratulated the members, on the success that had hitherto attended their exertions, on the formation of branch associations, on the considerable increase of members within the last six months, and on the extensive and friendly correspondence which had been kept up with various other associated bodies and members of the profession, some of whom had applied for the advice of the council. The subject of *medical reform* had been agitated during the past year with increased energy, and now its opinions had been more or less adopted by the other reform associations, while the reform question had been entertained by almost the whole of the colleges and corporations in the three kingdoms. The report then alluded to the interview which a deputation from the council had had with Sir James Graham, and to the measures adopted in reference not only to his proposed Bill, but also to the new charters talked of for the colleges. The question, the report went on to say, now is, What course, under present circumstances, ought to be pursued by medical reformers? and the suggestions of the council were,

1st. That the various associations, and individual reformers, should organise themselves into one representative body, or faculty, upon the principles and details agreed to by the medical conference of 1841.

2ndly. That a standing central committee be appointed by the associations and local committees, to promote the organisation of the profession, to watch the proceedings in Parliament, and to act as circumstances might require.

3rdly. That the profession do oppose any measure of medical reform which does not recognise, 1st, the union of the profession into a representative body or faculty; 2ndly, equal rights and privileges for all members of that body; 3rdly, uniform qualifications for a licence to practise; 4thly, protection against unqualified practitioners. The council wished it distinctly to be understood that these few and simple principles were not intended to interfere with either the existence of the present corporations or the division of the profession into consulting and general practitioners. The union contemplated was simply that of members of *the medical* profession into *one body*. The qualification for admittance into that body should be uniform and extensive. Admission into it should give the licence to practise in all or any of the departments of the profession, but it would not interfere with the right of its members to take higher honours, or other titles, or to join any other medical corporation.

The long agitated question of *Poor-law Medical Relief* was not yet satisfactorily settled. The associations had, however, at last obtained from the commissioners several ameliorations, as set forth in their "medical order," dated March 12, 1842, but which would not fully take effect until next year. The council had still to regret that that most important grievance still remained, viz., the omission of any mode of remuneration "which should ensure adequate attendance and the best medicines." In some instances, indeed, the salaries had been increased, but these were the exceptions, not the rule, and the disgrace still remained of 3s. 3½d. in rural districts, and 1s. 5½d. in the metropolis, being the average sums paid to medical officers of unions for medicines, leeches, instruments, time, skill, and attention required in each case of illness; while by Parliamentary returns it appeared that the average cost price of medicines and medical appliances alone, independently of skill and attendance, amounted to 4s. 3½d. The enactment of a double qualification for medical officers had unfortunately been made the means of inflicting serious injury and discredit on those holding Scotch and Irish diplomas and degrees, by requiring all surgical and medical testimonials to have emanated from the London corporations, or English universities, a regulation which could only benefit the finances of the College of Surgeons of London. The council must advert to one other serious defect in the late medical order, and that was, the want of medical supervision, both general and local; but this would be obviated by the appointment of a medical director and district inspectors. The council still thought, that under certain regulations, the poor might be allowed to select their own medical attendant from those qualified practitioners in their neighbourhood who were willing to undertake the duty. The parish officers might issue tickets to the poor for one year, bearing a value, averaging about 7s. for each case of illness, to be increased or lessened according to distance, area of district, &c. (Cheers.) These, on being presented to the surgeon

selected, would ensure his attendance, and the plan would be grateful to the feelings of the patients.

The council regretted to observe much indisposition on the part of the Government and the corporations to grapple with the serious evil of *illegal practice*. The fallacious argument used was, "Oh! the liberty of the subject must not be interfered with." What? Not interpose to prevent poisoning by Morison's pills,—sloughing to death by the acid lotions of the St. John Longs? Wise restraint from quackery would save many thousands of lives annually, at the expense only of credulity and folly on the one part, and ignorance and wickedness on the other. (Cheers.) The recent convictions of several such persons had greatly altered the tone of those who had before contended for their right to practise without being qualified for that function.

The council had to report favourably on the working of the resolution adopted by the association in 1837 to the effect, "That the members would return unanswered all letters for certificates from *life-assurance offices* unless accompanied by a fee." The question was virtually settled. The council, to obviate the difficulty which the members might occasionally feel with patients, had printed a form of letter containing the resolution, to be returned to the offices, and which the secretary of the association, on application to him, would readily supply. *The Benevolent Fund* of the association was in a flourishing state. Mr. Wakley had presented the petition against the *Lunacy Bill* agreed to at the last half-yearly meeting, and earnestly supported it during the discussion as to the appointment of commissioners. He judiciously proposed and carried an amendment that the appointment, since the House would not agree to his proposition for medical commissioners, should be left to the Lord Chancellor; thus throwing the responsibility on that elevated functionary, with the hope that at least one medical gentleman would be appointed by him. The council had also presented a petition to Parliament for a modification of the professionally oppressive tax upon income, but with how little effect would soon be known to them all. (Loud laughter.)

Professor GRANT said, that the report was characterised, as usual, by that calm and disinterested tone which had hitherto distinguished the proceedings of the association. He concurred with the chairman in regarding the proposed Bill of Sir James Graham as a very unsatisfactory reply to the demands of the profession. A reform which did not extend to the Irish and Scotch corporations was a contemptible pretext for the name. (Hear, hear.) He was, however, delighted to hear that an effort was about to be made to organise twenty thousand members of the medical profession into one influential body, whose power must be overwhelming, and before whom the petty numbers who ruled in the corporations must sink into insignificance. (Cheers.) Even those little bodies could not come to an understanding among themselves. The corporations of Scotland could not agree with those of England, and probably there existed the same difficulty with those of Ireland. If in those *foci* of all that was influential with regard to station and offices of emolument, they were already in that weak, detached, and discordant position, what must be their state when the energies of the united mass of medical practitioners were brought to bear against them? (Cheers.) He would conclude by moving—

"That the report be adopted, and that the cordial thanks of the meeting be given to the officers and council for their zealous services during the past year." (Seconded by Mr. G. E. DALE, and agreed to.)

The CHAIRMAN having read the list of the council for the ensuing year, it was proposed by Mr. R. D. GRAINGER—

"That their excellent and zealous corresponding member, Professor Kidd, of Oxford, M.D., F.R.S.,'&c., be elected an honorary member of the association."

Medical reformers were often taunted with not being united. They must hail with satisfaction, therefore, the co-operation, more especially of any of their professional brethren who might be supposed not to view with special satisfaction the proceedings of medical reformers. The thanks of all such associations as this were due to the regius professor of anatomy at Oxford for his excellent pamphlet on Medical Reform. (Seconded by Mr. ROBERT DAVIDSON, and carried with acclamation.)

Mr. WM. FARR proposed—

"That Sir James Clark, Bart., M.D., be elected an honorary member, and that the best thanks of the meeting be offered to him for his late well-timed pamphlet on Medical Reform."

Sir James, he believed, would be an honour to the association. He was always a zealous reformer, and in his pamphlet had supported the two fundamental principles, union and a representative council. He (Mr. F.) would avail himself of this opportunity to state that Sir James Clark had always been ready to assist young men just entering upon their profession with his encouragement, advice, and interest. (Hear, hear.)

Dr. GEORGE HULL seconded the motion. Carried unanimously, after which it was also proposed and carried unanimously, that Mr. Day and Mr. Dale, secretaries to the Brentford and East London Medical Associations, respectively, be elected "corresponding members of the association." At the same time, also, Mr. M. Franks, of Heckington, at Sleaford, in Lincolnshire, and Mr. Fayrer, of Barking, were elected ordinary members of the association.

Dr. Marshall Hall then proposed,

"That it was highly desirable, under existing circumstances, to unite the medical profession into one representative body, or faculty.—That a standing committee in London should be appointed, by the various associations, and by county committees, to promote this and other important objects, to watch proceedings in Parliament, and to act as circumstances might require.—That a committee be appointed, by the council, to act on behalf of this association, to correspond with other associations and committees for the purpose of forming the central committee."

He proposed these resolutions with unmingled satisfaction. The few observations which he was about to make in relation to them were only a little more matured than those which he had made at the last meeting, and which were printed in The Lancet at the time. He considered the general practitioners throughout this kingdom to be numerous enough, and respectable enough, to claim the exercise of power, and to take part in their government as a professional body. Their present relation to that government was precisely that of aliens in a foreign country. They must inscribe their names in a list, obtain a passport, and pay a contribution; but they were no more a part of the medical commonwealth than the foreigner just landed upon our shores and enregistered at the Alien Office, was of our nation and its institutions. They were aliens from the posts of medical government; alike from its posts of honour and those of profit. They were degraded both as individuals and as an order. He had long regarded it as a solecism in government for one order of persons to legislate for another in whose feelings they had no participation; and the facts presented by the condition of the medical profession afforded glaring instances of that truth. Why, then, did not the general practitioners rise as one man, and with one voice claim their right of participation in medical government, offices, and fellowship? (Hear, hear.) Well might he exclaim, "si bona sua norint!" Yes, if they did but know and feel the advantages of being bound in unity, friendship, and kindness, how might they strengthen each other against every enemy, whether the empiric or the poor-law commissioner. Let them, then, form *themselves* into a compact body, for their own mutual good. Being bound together themselves, let them invite those physicians and surgeons who wished for similar advantages to join them, for the same excellent purpose, a generous reform, powerful in proportion to their number and respectability; and apply to Government for incorporation as "The Faculty of Medicine;" for powers to examine and grant licences to practise throughout the British dominions; and for powers of self-government. It was supremely true, that "where there was a will there was a way." The profession had only to be true to its own dignity speedily to accomplish what it might otherwise strive to accomplish in vain. He repeated what he had said on a former occasion, namely, that this consummation, whilst it placed the general profession in the position which it ought to occupy in society, would not diminish but greatly augment the prosperity of the Colleges of Physicians and Surgeons. These, being sources of honour, all who were desirous of further honour would resort to them. Only let the admission into those colleges be honourable, by annihilating all the odious distinctions which had so long disgraced them. Let those who were admitted at all, be admitted altogether, enjoying equality of rights, and being equally *eligible* to posts of distinction. This was the case at the Royal Society, and had any evil accrued from it? But he would also devise new sources and titles of honour. He would confer prizes, medals, and every kind of distinction, for *real* advances in science alone. He did not despise the advantages conferred by a knowledge of the classics and mathematics,—by a degree from Cambridge or Oxford, &c. &c.; but he would, in institutions purely medical, place the reward for real improvements in medicine above them all. So far was he from levelling all grades in the profession, that he would add to the present distinctions every other which could be devised, as the reward of merit. He would have the πλειστα αρετης αθλα. Singularly ignoble must be the mind of that man, who, because he had not talent and industry himself, should oppose their reward in others. Only let the subject of reward be legitimate, and the reward itself justly and impartially conferred. Let then, the general profession combine for the general good, incorporate themselves, and then seek for legislative incorporation, power of self-government, &c. Let the colleges reform themselves, annihilate injurious distinctions, and establish equality of privileges and rights. Let every man judge for himself whether he would belong to the general faculty only, or to one of the colleges also. Only let the way be open equally to all, as it was, indeed, now, thanks to the University of London. (Dr. Hall here proposed a scheme for the constitution of the profession at large, which would require for its elucidation a diagram, which we are unable to give in this place.) According to this scheme, *all* members of the profession were to become members of the faculty. But such as choose might avail themselves of the education and degree of one of the universities, and go on to the college of their choice. Others might, at a certain age, be admitted into the colleges without a degree. It might remain a question whether those who had obtained a degree should be excused from entering the

faculty. It was plain from this scheme that, whilst good was conferred on the profession in general, no injury was inflicted on the colleges or universities. The former remained as schools, the latter as sources of honour, as before. Nay, an advantage was conferred on the physician and surgeon; for besides the title and licence derived from the faculty, he would possess the higher one, arising from longer study and more stringent examinations. He would be a member of the faculty, and "something more," this addition being, however, attainable by all who wished for it. He was utterly at a loss to imagine any generous or well-founded objection to this proposition, whilst good, largely diffused good, would result from it. The curriculum and examination introductory to the faculty, might be such as should be deemed best for the profession in general; the requirements for introduction into the colleges might be as much higher as should be deemed most proper. The present distinctions in the profession, the universities, the colleges, were preserved intact; but a just and honourable boon would be conferred upon the general body, at present outcasts and aliens. Into the faculty, the Company of Apothecaries should merge, first restoring the trade in drugs to the chemists, to whom it justly belonged, the profession being remunerated by a just honorarium, the chemists neither prescribing nor charging otherwise than for medicines properly compounded. The Society of Apothecaries, he repeated, had deserved well of the profession and of the public. It had raised the style of education and examination, and it had proportionately raised the profession itself, and benefitted the public at large. It had admirably performed this part of the trust committed to it. May it become the nucleus of the faculty of medicine! Again calling attention to his "scheme," he would conclude by cordially recommending the resolutions placed in his hands, having, as he believed, sketched *the* plan of medical reform that was most likely to be at once efficient and generally acceptable, in consonance with those resolutions, and pointed out the only way in which their objects could be speedily attained, viz., by a prompt and simultaneous movement of the general practitioners throughout the profession. (Hear, hear, hear.) He had only now to say, that want of sufficient health might prevent him from attending in future so assiduously as he had done the meetings of the council, but that would be ascribable solely to the cause he had named, and not to any supineness in the cause in which they were all embarked.

Mr. GEORGE PILCHER seconded the resolution, and warmly recommended union in the profession, both for its own interests, and the unavoidable consequence, the public good. (Carried unanimously.)

Dr. J. R. LYNCH proposed—

"That any measure of medical reform which did not contemplate the union of the profession into a representative body, having equal rights and privileges as members of that body, with uniform qualifications for a title to practise throughout the British dominions, and protection to the community and the profession from illegal and unqualified practitioners, would be most unsatisfactory to the profession, and strenuously opposed by the association."

In the course of his eloquent remarks on the subject of the resolution, and the principles and progress of medical reform, and the declarations of Mr. Aston Key and Professor Kidd on the necessity that there existed for a reform in medical government, the learned doctor energetically commented on the apostacy of Mr. Lawrence from the principles with which he first entered a public life. Mr. Lawrence (he observed), whose indignant remonstrances once filled the ears of the profession, whose reputation for purity and honesty was once universal, whose enthusiasm so ardent, whose eloquence so instinct, were directed point blank against the oligarchy of the profession,—that gentleman, who seemed too pure for base motives to influence him under any circumstances, had said that self-elected bodies were always unsafe repositories of power, and that being elected for life, and thus having the elements of misgovernment doubly combined, it could only be anticipated that the public good would inevitably be sacrificed to sordid ends. (Cheers.) He (Mr. L.) had gone farther, and told them, of him, himself, that whatever his abilities, unless a relation had given five hundred guineas with him as an apprentice to a hospital surgeon, the gates of the profession would have been for ever closed against him. Alas for Mr. Lawrence's consistency! The patriot had sunk into the placeman, and now he hated the cause which he had betrayed. (Hear, hear.) As for Sir James Graham's Bill, he believed that the greatest danger respecting medical affairs arose from the ignorance prevailing in Parliament with reference to them. He thought that Sir James had good intentions on the subject, but had unwittingly lent his ear to the whispers of a sordid oligarchy. That Bill would certainly place the profession in a worse position than it now occupied. It preserved all the vices of the old system. The time for action had fully come. Let the members of the profession not confine themselves to petitioning, but bring their local influence to bear on the country members. The corporations themselves were alarmed, and admitted the necessity of a change. It was for the profession to give that change a right direction, and to assign to it its due extent. (Cheers.)

Dr. RIADORE EVANS seconded the resolution. Carried unanimously.

The CHAIRMAN stated that he had received communications from several parts of the country approving of the measures adopted by the association.

Mr. WM. EALES moved that the association do continue its efforts, "during the next session of Parliament, to procure further amendments in the present defective system of medical relief;" and "that the plan proposed to the commissioners, by this association, for the poor, under certain regulations, to select their own medical attendants from the qualified practitioners in their neighbourhood, would be alike beneficial to the poor and satisfactory to the profession." The council were extremely anxious for the adoption of this plan. Any difficulty in working it out might be easily overcome. It should be urgently pressed on the attention of members of Parliament, individually. (Cheers.) Seconded by Mr. N. DELPH. Carried unanimously.

The CHAIRMAN observed, that the plan now mentioned was suggested to the poor-law commissioners three years ago, and was published in one of their reports.

Mr. R. D. GRAINGER then read an Oration on Medical Reform, for which he was presented with the thanks of the meeting, on the motion of Mr. E. EVANS, seconded by Mr. C. BRADY.

The CHAIRMAN then called attention to the correspondence of the association with the Apothecaries' Company respecting the prosecution of illegal practitioners. The instances were few in which the company had taken up the subject. Upon one occasion, when a deputation waited upon them with a list of persons practising illegally, the secretary held up his hands in dismay, and expressed a hope that they were not going to ask them to prosecute, adding that their funds were not adequate to the duty. The Chairman then, in closing this portion of the business of the day, stated that he was rejoiced to see the meeting so well attended, and invited them to take part in the good cheer which had been provided for the association during the remainder of the evening, a notice of which appeared in this Journal last week.

MR. TYRRELL announces in a clinical lecture that declining health compelled him to cease lecturing on surgery at St. Thomas's Hospital, and confine himself to the "less active but not less important" avocation of a "clinical teacher." He proposes to fulfil the new duty in the theatre instead of "at the bed-side, before the eye, and in the hearing, of the sufferer, because remarks there may aggravate the patient's distress and sink his spirits. Humanity," he adds, "sets her interdict against such a practice; and science by no means requires it."

THE LANCET.

London, Saturday, November 19, 1842.

IF it were the object, in establishing a system of police, merely to discover crime *when it had been committed*, we could then comprehend the doctrine which has been laid down by judges, and acted upon by magistrates, with reference to the duties of Coroners in cases of SUDDEN DEATH. Upon no other principle can we understand the language which those functionaries have employed in speaking on these subjects. We are not, in the present articles, discussing the power which justices of the peace *can*, or *ought*, to exercise in auditing Coroners' accounts. It is not our present purpose to determine whether the justices ought to be endowed with authority to nullify an inquisition, from the alleged reason that *they* did not think that an inquest was necessary; because it is very possible, and even probable, that when this question is fully and fairly examined, it will be distinctly ascertained that no such pernicious power can be legally exercised by them. That branch of the question we shall fully investigate, but we are desirous, at the present moment, of resuming the argument relative to the necessity and the legality of taking inquests in cases of sudden death, in the absence of a suspicion that the death is otherwise than natural.

What, we ask, ought to be the controlling motive in establishing a system of police, the *chief*, the *leading* consideration? Confessedly the *prevention* of crime.

For the accomplishment of that object the machinery and arrangements should be made as *complete*, as *perfect*, as is possible. Failing in that endeavour, then should the contrivances and agencies be so planned and deposited as to effectively discover the criminals when offences against life have been committed.

The first branch of this subject embraces, to a very great extent, the duties of Coroners

with reference to the taking of inquests in cases of sudden death.

What says the statute "De Officio Coronatoris," 4 EDWARD I., st. 2?—"The Co-"roner, upon information, shall go to the "place where any be slain, or suddenly "dead, or wounded, and shall forthwith "command four of the next towns, or five, or "six, to appear before him, in such a place, "and when they are come thither the Coro-"ner, upon the oath of them, shall inquire in "this manner, that is, to wit, if it concerns a "man slain, whether they know where the "person was slain, whether it were in any "house, field, bed, tavern, or company, and "if any, and who, were there." And again,—"In like manner it is to be inquired of "them that be drowned, or suddenly "dead."

These provisions were now, so far as the statute law was concerned, but the Act having been directory, they were merely in conformity with the practice of the common law. The *custom* of taking inquests in cases of sudden death had existed for a long time previously, but as that duty, as well as others, was neglected by Coroners, we are informed by UMFREVILLE, BURN, CHITTY, JERVIS, and other writers, that the Act of EDWARD was passed for the purpose of causing the duties of the office to be more promptly, regularly, and efficiently performed. When any legal difficulty arises under the operation of an Act of Parliament, and the question is determined in the courts of law, the judges are called upon to expound the provisions of the statute, according to the fair and honest construction of the words that they find therein. Sometimes the technical language is so dark and ambiguous that various interpretations are put upon it by persons of equal sagacity and learning, and the differences which are manifestly observable in the decisions are allowed to be justified by the confused phraseology on which they are founded. But in the instance before us, at what point is the obscurity to be discovered? Where are the words that admit of two or three interpretations? Which of them is characterised by ambiguity of meaning? If the Act stated that the inquests held by Coroners should be restricted to those cases of sudden death which are attended by *mysterious* or *suspicious* circumstances, then would the justices act in strict conformity with the provisions of the statute, if they refused payment of the fees which were demanded for holding of inquests on the bodies of persons who had died suddenly, and where no such peculiarity existed? But the language of the statute is distinct, precise, unequivocal:—"The Coroner, upon infor-"mation, shall go to the place where *any* be "slain, or *suddenly* dead." And then, after describing what we have before quoted, we find, "In like manner it is to be inquired "of them that be drowned, or *suddenly* "dead."

Who would suppose,—after such plain language was employed in a statute,—who could suppose, after that statute had been framed, subsequently to the long-established practice of the common law, that judges of the superior courts (*Justices of Quorum* may be fairly excused for falling into such an absurdity) should judicially promulgate the opinion that inquests in cases of sudden death should not be held unless such deaths were attended by "suspicious" circumstances? As *the judge* has to *expound* the law, he becomes, in fact, superior to the statute, and the parchment withers under his potential breath. But we cannot believe that if the question had ever been fairly argued in the courts, and the judges had been made to comprehend, not only the words of the statute, but the necessity of their being acted upon, by Coroners, for the protection of society, they would have uttered such foolish and unsound opinions as have been promulgated from the bench on this exceedingly important question. Lord ELLENBOROUGH, in the case of "the KING against the JUSTICES OF KENT" (reported in *East*, vol. ii.), observed, "that there were many "instances of Coroners having exercised "their office in the most vexatious and

"oppressive manner, by obtruding themselves into private families, to their great "annoyance and discomfort." Well, if Coroners act thus, let them be punished, and severely. But the case which elicited this language was one of sudden death, and, certainly, there *was* an irregularity on the part of the Coroner, which justified the court in not granting him relief. But the language of Chief-Justice ELLENBOROUGH, on that occasion, has been used by other judges, and, from statements which have recently appeared in some of the provincial newspapers, it appears that magistrates of different counties are of opinion that in sudden deaths, which are unattended by "suspicious" circumstances, inquests are not required *by law*, thus carrying out into practice the evidently thoughtlessly-pronounced opinion of Lord ELLENBOROUGH. The principles of the law, and the practice which was adopted before the statute of EDWARD, do not appear to have been explained and enforced before the court. The Coroner in the Kentish case had acted irregularly, and he was not entitled to relief; but the decision in that case could afford no pretext for its being stated that it was not legal to hold inquests in cases of sudden death unless they were attended by circumstances of a "suspicious" nature. We repeat, *look to the language of the statute*, examine it carefully, and then say whether it admits of any such interpretation. If Lord ELLENBOROUGH maintained the doctrine that, notwithstanding the provision of the Act of EDWARD, inquests should not be held,—that is, unless there was a pretence for believing that the party had died otherwise than from a natural cause,—why did not the judge go a step farther, and declare that in cases of accidental death no inquests should be held before the Coroner unless there existed substantial ground for believing that the parties causing death had acted culpably? Had such a doctrine been maintained in cases of violent death, we might have acknowledged, at least the consistency of the bench. Thus, inquests in cases of sudden death unattended by "suspicious" circumstances, and inquiries in cases of death caused by accident, wherein no blame is attributable to any one, would have been placed on precisely the same footing; and it may be remarked, that the provisions of the statute would be, in both instances, completely extinguished and set at naught by the unsound and untenable decision of the judges. Lord ELLENBOROUGH was not a likely man to decide adversely to a body of county magistrates, unless the case against them was complete. He was a judge whose judicial conduct was always marked by a very strong leaning in favour of magisterial authority. The Coroner for Kent had fallen into a slight mistake, and it was fatal to his claim. But we unhesitatingly proclaim that the provisions of the statute of EDWARD I., and the common-law-practice antecedently to the passing of that statute, were not elaborately discussed previously to that decision; that the substantive merits of the question did not come fairly before the court. The opinion of the judge, therefore, may be considered to have been extra-judicially delivered, and ought not to influence the minds of other judges in forming their decisions in motions of such magnitude. If a Coroner be not to act in cases of sudden death unless there be a "suspicion" of wrong doing, why should he exercise his functions in cases of accidental death, when it is notorious that there is no culpability?

Go on to the third step. Why inquire in instances of suicide, the known result of insanity? Here there is no crime, the party not being in a state of mind to incur either moral or legal responsibility.

The more thoroughly this subject is examined, the more completely will it appear that the common-law practice operating previously to the enactment of the 4th of EDWARD I. was right, and that the provisions of that directory statute are also right,—that the language of Lord ELLENBOROUGH and some other judges was wrong, and that the declarations of certain justices of the peace on the said question, are absolutely

foolish. If there are to be no inquests excepting in cases where culpability is known or suspected, the first and main great object of instituting and maintaining the Coroner's office would be very effectually destroyed, namely, the *prevention* of crime. Without doubt the detection of capital offenders must often have the effect of deterring persons from falling into criminal practices; but that system of police which *prevents* crime must ever be preferable to the one that leads merely to the *discovery* of it. A more hideous institution, one more obnoxious to the best feelings of society, or one more fully attended by evil consequences, than the office of Coroner, could not exist if its duties were to be discharged on the principle which was propounded by Lord ELLENBOROUGH, namely, that there should be no inquests in cases of sudden death, unless there were a "suspicion" of criminality! Adopt this maxim. Who is to *raise the suspicion?* Who is to make *the accusation?* Who is to be *accused?* An aged uncle and a young nephew, the one rich, and the other poor, are residing together, attended by a single servant. The uncle dies suddenly, at the dinner-table. Is there to be an inquest? "No," ejaculate our modern SOLONS, following in the footsteps of Lord ELLENBOROUGH; "no; it "would be an impertinent intrusion into a "private family." But, still, following out the decision of that judge, *raise* the "suspicion," upon the plea of the probable benefit which the nephew will derive from the death of the uncle, and thus start the young man into life, with, at one and the same time, his wealth, and a "suspicion" that he is a murderer. A truly joyous beginning!

Under such circumstances no honest, well-meaning man would be found to perform the duties of the constable, and, certainly, no gentleman moving in the more respectable ranks of life, with a sound judgment and correct feelings, could be found willing to occupy the office of Coroner. The *simplicity* of the provisions of the statute of EDWARD constitutes one of its chief excellencies. In all cases of sudden death the Coroner is to act, —not because there is any supposed criminality, but because the death has happened "suddenly," and out of the usual course of nature.

If such a system embraced the law and the practice of the Coroner's Court, the public would fully understand that the inquest was called into operation where not the remotest ground existed for believing that any criminal deed had been perpetrated. The inquest, therefore, would not give rise to "suspicion," and would create no unfavourable impression against any party, unless the evidence which is produced before it, affixed guilt either on some known or some undiscovered individual, the *suddenness* of the death having been the only previously-ascertained circumstance which had called the instruments of the law into activity. To determine that there shall be no inquests in cases of sudden death which are unattended by "suspicious" circumstances, is about as wise a resolution as was that of the old gentleman who declared that he would "pay no "more watch-rates, for they were *perfectly* "*useless*," he having "contributed to them "for twenty-five years," and "his house not "having been robbed once during the whole "of that time."

The further examination of this question will exhibit the intolerable evils that would result from regulating the proceedings of the office of Coroner, in cases of sudden death, by the rule which some unwise judges have endeavoured to establish.

THE LUMLEIAN LECTURES, delivered at the College of Physicians, Pall Mall, in the present year, by Dr. Thomas Mayo, are in course of being printed. The first of the series "On Nervous Apoplexy and Palsy," made its appearance on the 11th inst. How great was the labour which the learned doctor must have undergone in its composition, may be judged by a sample or two, selected from any part of the lecture. Here is one, an announcement of a *principle*, which usually is supposed to require an especially plain and lucid style of exposition:—

"This case recommends to your consideration a principle which may be stated thus:

—That in the forms of palsy which have the same relation to those ensuing on vascular fulness or rupture, which loss of power from concussion bears to that arising from compression, medicines presumed to influence primarily the solids of the system will probably have a more remedial agency than those which operate immediately on the blood-vessels; or, to state this principle in a more practical form, sedatives and anti-spasmodics will be more effective than stimulants or depletory measures."—P. 203.

The worthy lecturer must have been a student in the schools of Messrs. Green, Rioffrey, and Co; or, indeed, he is original enough to start one on his own account.

MEDICAL SOCIETY OF LONDON.

Monday, November 7, 1842.

Mr. PILCHER, President.

CONTRACTION OF THE FINGERS FROM WOUNDING A NERVE IN BLEEDING.

DR. MARSHALL HALL brought to the society a patient, a young woman, aged twenty-five, in whom the median nerve had been wounded in the right arm during venesection; tenderness along the arm followed, with spasmodic contraction of the flexors of the middle, ring, and little fingers, effects which had ceased on entirely removing the cicatrix made by the lancet, and a portion of the adjacent skin. The cure remained permanent, until about a year afterwards, the venesection was repeated in an adjacent vein, when the contraction recurred. This second cicatrix was removed as the former one had been, and with the same good effect; but in this latter instance the cure was less prompt and less perfect, and has not been permanent. The contraction of the three fingers has returned, and with it slight contraction of the biceps. In this condition the patient was presented to the society. The middle and ring fingers were forcibly flexed into the palm of the hand, whilst the little finger was drawn underneath them; the tendon of the biceps was kept in a constant slightly rigid state of contraction. Dr. Hall said his object in bringing forward this case was twofold: first, the case was extremely interesting in itself; and, secondly, it bore directly upon a subject lately discussed in the society, viz., the excito-motory system; and was calculated to demonstrate what he had endeavoured to establish, the direct *practical* application of that doctrine. What was the character of this spasmodic action? Was it direct? Was it reflex? If it were proposed to divide the nerve, *where* should the division be made; above or below the wound? A knowledge of the excito-motory system alone could guide us in this matter.

Some discussion followed as to what would be most likely to benefit the patient, who had formerly obtained her living by needlework, an occupation which she now cannot follow. Should the knife be used, and where? Would any remedial means avail? Would any local application be of effect?

Dr. WILLSHIRE had lately heard of a case of contraction of the fingers consequent upon venesection, in which strychnia was used with advantage.

Mr. PROCTOR thought no remedy would be of service. It was remarkable that a second venesection was performed when such a disastrous result followed the first.

Mr. LINNECAR believed that no benefit would follow medicinal applications. He should divide the brachial nerve.

Mr. PILCHER considered the contraction to be clearly the result of reflex action. He thought the surgeon would be justified in cutting off the nervous connection existing between the cicatrix and the spinal marrow, by dividing the internal cutaneous nerve, either before its division, or cutting through its anterior branch.

Dr. CHOWNE had frequently seen very similar local contractions as the mere result of hysteria.

Dr. RISDON BENNETT.— Was aconitina used in this case; or might not its employment be beneficial? From the condition of the biceps he thought there was a disposition in the diseased state to extend.

Dr. M. HALL also thought that a second venesection should not have been employed. The case was clearly not one of hysteria. The contraction was the result of reflex action; and, looking at the effect of removing the cicatrix on both occasions, he thought, with Mr. Pilcher, that cutting off the nervous communication with the spine, by dividing the internal and external cutaneous nerves at their lower part, and removing a small portion of each, was the proper proceeding. Looking at the reparative effects following such operations, he thought the surgeon would be justified in such a proceeding. He considered that there was no fear of the disease extending, although there was some undue tenderness above the cicatrix.

POISONING BY CAMPHOR.

Mr. CLARKE related the following case:— A delicate man, but usually in good health, aged thirty-nine years, with a posterior spinal curvature, a light porter to a wholesale confectioner, on the 12th of June last, at about midday, feeling faint from the heat of the day, took between his fingers and thumb a "nip" of powdered camphor, which had been prepared for making camphor lozenges, and swallowed it. Feeling revived, he repeated the dose in a few minutes, felt exhilirated, and took out some

small parcels for delivery; but before he had walked a hundred yards he felt so giddy, and his sight was so dim, that he was fearful of falling. He managed, however, to come into his (Mr. C.'s) surgery, and had just time to give the foregoing account, when he fell from the chair in which he was sitting, in a fit of epilepsy, which lasted about ten minutes, and was followed by an extraordinary state of exhaustion. The extremities were cold, the surface was covered with clammy sweat; the pulse frequent and scarcely perceptible, and the pupil dilated. When roused he had scarcely power to articulate. In some respects his state was similar to the coma following epilepsy, but in the extreme exhaustion it bore no similarity to it. The stomach-pump was immediately employed by Mr. Clarke, and a quantity of clear fluid, smelling powerfully of camphor, was drawn forth. Some warm tea being at hand, part of a cup was given to him, and small doses of aromatic spirits of ammonia, laudanum, and peppermint-water, every few minutes, and warmth was applied to the feet. In an hour the circulation was somewhat restored, the pulse less frequent, and the extremities warmer. Three hours elapsed, however, before he sufficiently recovered to justify his removal home. He remained under treatment for a week, suffering more or less from depression, and occasional suppression of urine, which latter symptom he occasionally experienced for three months afterwards. The treatment consisted of mild purgatives and saline medicines. He experienced no ill effects in the stomach. The points of interest in the case appeared to the narrator to be—First, the rapidity with which the poison acted, as scarcely twenty minutes could have elapsed from the first dose to the attack of epilepsy. This rapidity might be ascribable to the camphor being in powder, and the previous exhaustion from the heat of the day. Secondly, the dose was by no means very large, perhaps not more than thirty-five grains altogether. Thirdly, the occurrence of the epilepsy, from which affection he had only once before suffered, and then consequent upon intoxication, several years before. Fourthly, the occasional suppression of urine for nearly three months afterwards.

Some difference of opinion prevailed among the members as to whether the epilepsy was the result of the camphor or not. It was thought, on the one hand, that the dose was not a poisonous one, and that in puerperal mania, and other diseases, scruple doses might be repeated every four hours. One gentleman said that he should not object to swallow two scruples of camphor at any time. On the other hand, it was contended that the symptoms were essentially those of poisoning by camphor, the epilepsy no doubt resulting from the same cause as the suppression of urine. Then why attempt to find a different cause for it? Regarding the doses of medicines, it was not just to draw comparisons between their effects in diseased conditions and in health. If so, we should be led to prescribe poisonous doses of opium for the production of sleep when a person was in health, for who did not know what a tolerance of opium there was in delirium tremens, and some other diseases? As to the poisonous doses of camphor, the interesting case of Mr. Alexander published originally in the "Philosophical Transactions," and referred to by all writers on materia medica, proved that two scruples would be sometimes followed by alarming symptoms of poisoning, and it was probable that if the camphor had been held in solution in that case the effect would have been fatal. Some objection was raised to the use of the stomach-pump, but the narrator of the case said he had never, in a variety of cases, seen ill results follow its employment.

Allusion was made to a case of fatal poisoning by the root of the aconitum napellus, eaten in mistake for horse-radish, which is to be brought before the society. Mr. John Foster brought some specimens of each root, to show that such a mistake might be made.

November 14.

THE STOMACH-PUMP IN POISONING.—The society was occupied the whole of this evening with a discussion on the use of this instrument in the treatment of poisoning. Was its employment justifiable in those cases of narcotic and other poisons (with the exception of the mineral acids) in which the patient could and did not refuse emetics? Was its use in careful hands followed by injurious consequences? To the first question it was generally answered, that the pump was the best, safest, and most speedy agent for emptying the stomach, or conveying into it an antidote; and to the second question, that no ill consequences had followed its extensive use by various members present, both in public institutions and private practice.

POISONING BY TINCTURE OF CAMPHOR.—Mr. KINGDON briefly referred to a case in which a gentleman had swallowed by mistake a considerable quantity of compound tincture of camphor. The first symptom was a burning pain in the lower lip, which subsequently spread down the œsophagus, and eventually to the surface of the entire body. The symptoms were removed by the occurrence of free vomiting.

ANTIDOTE TO ARSENIC.—Dr. G. BIRD mentioned the following ready preparation of the hydro-sesquioxide of iron, one of the best antidotes to arsenic:—Half an ounce of the tincture of the sesquioxide of iron; one ounce of liquor potassæ. Mix.

NEW MEANS OF VOMITING.

Dr. MARSHALL HALL detailed the following most natural and ready way of producing

vomiting in cases of poisoning. It frequently happened that we were called urgently in such cases without possessing an emetic, an antidote, or the stomach-pump. What was to be done? Call in aid the excito-motory principle. We see the sailor lying across with the stomach pressing on the yard-arm, yet he does not vomit. The cardia is closed, effectually closed, against such pressure. On the other hand, we often see a patient, especially when under the influence of a narcotic poison, attempt to induce vomiting by irritating the fauces, in vain. In the latter case there are, however, frequently ineffectual heavings and attempts to vomit. Use, then, these efforts to remove the poison. During these efforts the larynx is closed and the cardia opened; it is the insufficient action of the abdominal muscles which renders the attempt to vomit abortive. At this moment, if we apply forcible pressure to the abdomen, the stomach is emptied. That pressure, augmented at intervals, produces the effect of pressure applied over the distended bladder, after introducing the catheter: the stream is proportionately augmented. "I have seen," said Dr. Hall, "when the stomach-tube has been introduced, a similar effect. The tube has irritated the fauces, and the cardia has been opened in consequence, whilst an effort of vomiting has been induced. This, though slight, has caused the contents of the stomach to pass both through and by the sides of the tube, and external pressure has produced the same effect as before. It is this *simultaneous* irritation of the fauces and pressure on the abdomen, that I propose to the society for the treatment of poisoning. It will succeed, I believe, in those cases in which emetics would succeed. It is always at hand, the stomach-pump being reserved for those cases which are strictly appropriate to its use, or to complete what this has left imperfect. The patient may be placed leaning with the stomach over a chair, protected by a pillow, whilst the fingers are introduced to irritate the fauces."

HOW TO PRACTISE COUCHING.

M. SICHEL suggests to students in surgery the following mode of obtaining a condition of the optic structures similar to that which is present in cataract:—Remove a tolerably fresh eye from the orbit; plunge it first into fresh water, that it may recover its normal shape and dimensions; and afterwards let it remain in alcohol till the crystalline lens becomes opake. In this state the experimental operation of couching may be performed; or, if the rigidity of the eye be too great, it may be softened, by placing it again in water for a few hours. Care must be had that the conjunctiva covering the cornea be in a perfect state during the immersion of the eye in alcohol, or an opacity will be produced wherever it is deficient.

FOREIGN EXPRESSIONS IN ENGLISH PERIODICALS.

To the Editor of THE LANCET.

SIR,—I wish, through your extensively circulated Journal, to endeavour to correct a fault which I frequently meet with in the correspondents, not of your Journal only, but of all other medical periodicals also, viz., that of giving the results of their experiments and calculations to an English reader in foreign language. The case is of so frequent occurrence that I would not trouble myself to enumerate cases, though one at this moment specially calls my attention to the subject, where, in an interesting little original paper on the analysis of mucus, the author concludes with a short table in which the calculation is stated in *grammes;* and it is no uncommon thing for the reader to be puzzled with all the other portions of the decimal calculations of the French system, whether in measuring temperature, solids, fluids, or distances. Now, these calculations may be familiar to the authors, and, doubtless, are so to *some* of their readers. But I believe that by far the majority are not only ignorant of their precise value, but are on that account often inclined to omit the perusal of what might afford them both interest and instruction. It is useless to say that every professional man should make himself acquainted with such particulars. I know that many an intelligent medical man has never had the opportunity of studying French, and of those who have, the foreign expressions of quantity are often unknown, and if known, of no great value. When an author is preparing food for an English public, he should at least serve it up in an English form, and reduce all his calculations to the English standard. It would be much more fair that *he* should bring his *grammes*, and his *metres*, and his *centigrade degrees*, to an English expression, at once, than impose that labour upon every individual who is expected to read them. The error of which I complain is so obvious, that I hope that this notice will have some influence in correcting it. I am, Sir, your obedient servant,

AN ENGLISH SURGEON.

November, 1842.

HIPPOCRATES AND DR. CHAMBERS.

To the Editor.—SIR,—In a very elaborate and clearly written article upon the treatment and maltreatment of disease by hot and cold water, from the pen of Dr. Dick, in THE LANCET for November 12th, I find allusion to the practice of "the most intelligent, educated, experienced, and observent men, from Hippocrates to Chambers!" Deriving my knowledge of the eminent men in our profession from their written works, I was somewhat startled at the association. It

may be that the writer desired thus to express the *Alpha* and *Omega* of medical literature, but if some more exalted station than the latter is claimed for the courtly physician, I should be glad to be informed upon what merit such a claim is founded. I remain, Sir, your obedient servant,

AN OBSERVER.

Islington, Nov. 14, 1842.

THE "PASSIVE" AND THE "BRUTAL" RESTRAINT OF LUNATICS.

To the Editor.—Sir,—We "non-restrainers" have to thank you for your correction of the term we have adopted for our system, and for the just and expressive appellation with which you have distinguished the system that it opposes. As you have stated that there are pre-claimants to the system, which I have claimed as my own, I will be thankful to you to inform me who those pre-claimants are, besides Mr. Pownall. Your obedient servant,

R. GARDINER HILL.

Lincoln, Nov, 12.

*** Mr. Finch, for one, set up the claim, in THE LANCET of October 29th.

THE ROYAL MEDICO-BOTANICAL SOCIETY held its first meeting for the session on Nov. 9th (Mr. H. GIBBS presiding), when a paper was read on the improvements made in pharmacy during the past year, followed by an equally unimportant conversation on various subjects.

PHYSIOLOGY OF THE SPLEEN.

OUR professor of anatomy, Dr. Hargrave, has paid some attention to the subject, and he concludes that its chief use is to receive the blood, as a temporary reservoir, or diverticulum, when any obstruction in the heart, lungs, or liver, renders it necessary that they should be relieved from the pressure of that fluid. The absence of valves in the splenic veins permits of regurgitation, and other circumstances render this opinion probable. He also conceives that it performs a similar office for the mucous membrane and the skin. When the blood is driven from those membranes by cold, or rigors, it is received into the spleen for the time, and returned to the general circulation as soon as the balance of the circulation is restored in those organs. Certainly the phenomena of intermittent fevers go far to support this opinion.—*Dr. Benson's Lectures; Dublin Med. Press.*

MERCURY IN ECZEMA, &c.

THE treatment of many skin diseases is so empirical, and so devoid of any known therapeutic principle for its basis, and is, moreover, frequently so ineffectual, that an acquaintance with a new remedy boasting of any efficacy in these intractable complaints can hardly fail to be acceptable. M. Plisson ("Journ. des Connaiss. Med. Prat.") employs a lotion composed of from one to five grains each of bichloride of mercury and chloride of potassium, dissolved in about twelve ounces of distilled water. This lotion, kept continually applied to the parts affected, M. Plisson has found very useful in eczema, herpes, scabies, impetigo, acne, lichen, prurigo, and even chronic pemphigus. But, as might be anticipated, its beneficial effects are most strongly marked in cutaneous affections of syphilitic origin.

CRETINISM FROM INTERMARRIAGES.

M. MARCHANT, a physician, and native of the Pyrenees, who has paid much attention to the study of cretinism and goitre in that region, considers too frequent intermarriages as one of their most powerful predisposing causes. According to him ("Gazette des Hôpitaux") the inhabitants of a Pyrenean village (in the region of the narrow valleys) seldom ally themselves with those of any other village in their neighbourhood; and thence necessarily results a degeneration of the race. He adds that the influence which this custom exercises is so powerful that it is not uncommon to meet with cretinism in wealthy and noble families of the Pyrenees, who in every other respect are placed in circumstances far from having any tendency to invite its occurrence.

ROYAL COLLEGE OF SURGEONS IN LONDON.

LIST of gentlemen admitted members on Friday, Nov. 11, 1842:—H. A. Arden, G. F. Hewson, H. Vidal, J. H. Kimbell, T. S. Hodson, G. Cole, A. Adye, J. P. Browne, W. Simpson.

CORRESPONDENTS.

Sir,—In a conversation at a party, some time since, it was stated that general practitioners, or surgeon-apothecaries, so long as they were paid for their medicines, or, in other words, practise pharmacy, were not legally entitled to use or receive the term "Esquire;" but that all physicians, although they also practised surgery, so long as they did not supply, or were paid for supplying, drugs, or did not practise as apothecaries, were legally entitled to that term. Is the term "Esquire" applied to surgeons and apothecaries only by courtesy? Will you be kind enough to expound the law on the subject, for, Sir,

AN OLD SUBSCRIBER.

Nov. 12th.

*** Neither physicians nor surgeons, simply as such, are "Esquires" in law.

The remarks of *Dr. Dick* on "some of the doctrines of Liebig," and the comments of

Mr. Ancell, shall appear next week, if possible.

Mr. Hopgood's note too late for the present number.—The *Salopian Journal* was mislaid; but the notice shall appear next Saturday.

Mr. C. J. P. (Cheltenham) is without remedy in the case he has described. The fee cannot be recovered from the Coroner unless the witness has been summoned according to the provisions of the Medical Witnesses' Act. The form for the summons is in the schedule, and every Coroner is bound to act upon it. If a Coroner were to continue to issue the ordinary summonses to a medical man, for the obvious purpose of annoyance in withholding the fee, he could be indicted for a misdemeanor, and if the case against him were established, he must be found guilty, and sentenced to fine or imprisonment, or both. The constables, not being acquainted with the law, often issue the common summonses to professional men. In the warrant which is addressed to the constables for the holding of inquests they ought to be instructed to summon all witnesses *excepting* medical witnesses, for whom, it should be added, if required to attend, a special order will be issued by the Coroner. This plan has, throughout, been adopted by Mr. Wakley, in Middlesex. It effectually prevents mistakes, and works remarkably well.

H. W. W. may obtain the information which he requires by examining the Students' Number of THE LANCET, Oct. 1, 1842, on the one point, and the "Army List," published at Egerton's, military bookseller, Charing Cross, on the other.

Scrutator.—We shall review the production, first, ourselves.

The letters of *Mr. Horne* and *Mr. David Gibbon*, have been received.

Mr. Harvey's case of broken catheter in the bladder, and the prevention of coagula; and the communications of *T. Chirurgus*, on the true nature and treatment of splents in horses; of *G. L.*, on the treatment of insane persons who refuse food; and *Mr. Craig's* letter; that of *Podalirius*, and *A. G. R.*, shall be inserted in an early number.

A Medical Coroner.—We must decline to print the remarks on the office of Coroner on separate slips for distribution; but our correspondent might accomplish his wishes by inducing the editor, or editors, of one or more of the provincial newspapers published in his locality, to reprint the articles, from time to time, and give them the extensive general circulation which is thus attainable. Some useful impressions, indeed, might be made on the subject in many quarters, throughout the country, on the public mind, by obtaining a transfer of the articles in question from the pages of a medical journal to the columns of publications which are designed for general perusal.

Sir,—Having had a little disagreement with my master, and he being a person who, I may say, never keeps his apprentices during the full term of their apprenticeship, and I not being willing to leave him at present, I want to know if I were to serve part of my apprenticeship with him and part with another surgeon, without being formally transferred by him, thus serving five years with two surgeons, would that be accepted by the College and Hall? And, moreover, if the former were to want to break my indentures without my consent, or the consent of my parents, could not I or they come upon him for compensation for my time already served. I am, Sir, your humble servant.—Nov. 11th.

*** The indentures would be of no value at the College of Surgeons. If the case arises, he had better state it at the Hall, and ask how he would be situated under the circumstances he has described. If the master destroys the indentures, heavy damages might be recovered against him in an action at law.

An Old Subscriber.—Inquiry shall be made.—Correspondents who desire that replies to their questions should appear in THE LANCET of the following Saturday, should always send their communications early enough to allow of their delivery at the Editor's residence, in Bedford-square, on Wednesday morning, or answers to them are not likely to appear until the number for the Saturday week is published.

A Surgeon.—It is very difficult to decide on such a case, not knowing exactly what were the most prominent symptoms which the practitioner who ordered the cupping noticed. Judging, however, from the statement of our correspondent, the young lady in question appears to have been subjected, in an unnecessary degree, to annoyance and inconvenience.

H. H.—The operation has been performed successfully in an immense number of instances. We cannot undertake to say who is the best operator for the removal of the imperfection in question, not having witnessed the performances of all the surgeons who have employed their instruments in its execution.

H. C. C.—We know of no modern work expressly devoted to the subject. Consult the article devoted to it in the last edition of the "Edinburgh Dispensatory."

The debate at the "Medico-Chirurgical Society" on Dr. Webster's case of paralysis without loss of sensation, from disease of the cervical medulla, occupies so large a space in type, that we are compelled to postpone inserting the report of the proceedings until next week.

The case of strangulated scrotal hernia, and hydrocele of the sac, with remarks on hernial sacs and their treatment, by *Mr. Gay*, shall have an early insertion.